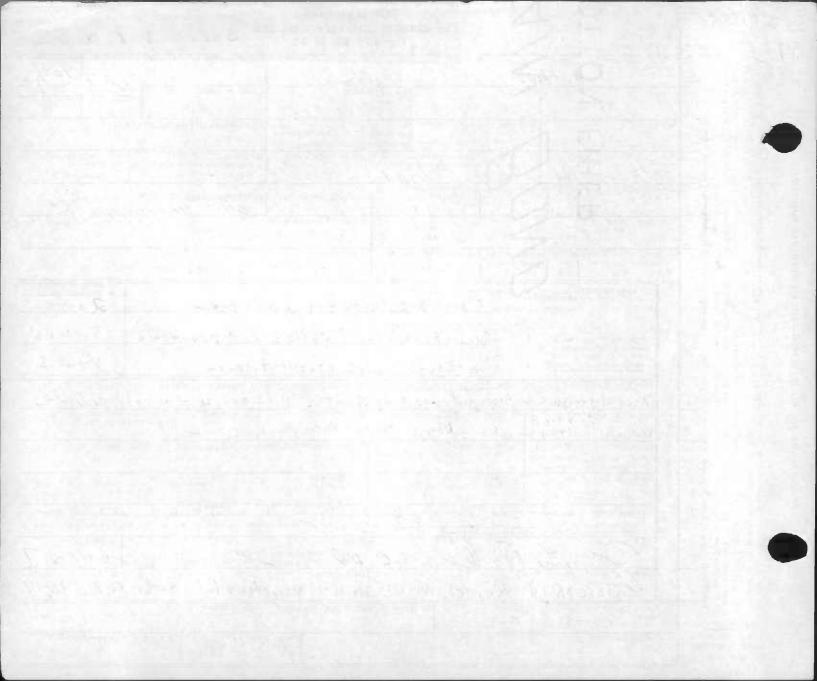
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) rthur 4 RACE DATE OF BIRTH 3 SEX MONTH YEAR Male 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Montgomery WIDOWED rkansas 12a USUAL OCCUPATION ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS). INDUSTRY Justice Dept Attorney 20815 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY HMITS? Chevy Chase YES [NOT Maryland Mta 4 FATHER'S NAME FIRST Margaret S. Caldwell John Η. ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN IF YES GIVE WAR OR DATES Mary Caldwell - Same as WWII 217-44-0239 Mrs. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY weeks IMMEDIATE CAUSE (0) PRESTON EINDMUSHA PINE Conditions, if ony, which gove rise to immediate couse oi, stoting the Vedr. underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hydrocodual us-bast ulmonary 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? Normal Pressure Hydrocophalus Ventricular - Pentoncal & hunt 71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INTURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AL WORK 22a. | certify that (1) (this bospitals attended the deceased from_ June 18 and that in (my) (por) ppinion depth occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ORTAN d b 600 19 etown Rd. Bethesda, Md. 200 omeo. 10401010 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 6-20-87 Removal 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 State Anatomy Board Balto., Md.

(VRA 15, 4)

STATE OF MARYLAND



(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

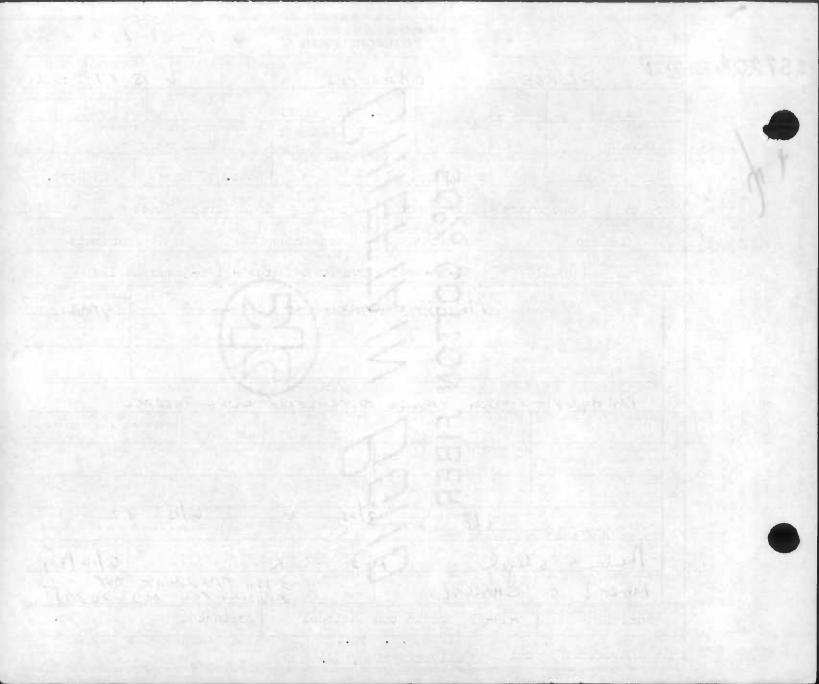
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DHMH - 16 60M 7/84 (VRA 15, 4)

11800 N.H. Ave., 24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ond completely filled in by the funeral director page 3 oges. and 2 shauld be filed within 72 haurs after death

TO FUNERAL DIRECTOR. After, this certificate has been signed by the attending physicion and coshauld be detached far use as the burial-transit permit. Then please remaye carbonpapers, Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayol

AH - 16⁶60M 7/84 (VRA 15, 4)

DHMH

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, or other traumatic event, to

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did)	n 6	19 5	7.01	nd that in (my) (our) opinion	deoth occurred on the de	ote and hou		that (I) (
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BP. DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: Afte

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECBULIA) Hines Rinaldi Funeral Home Silver Spring, Md.

26-9-1987

PRIMACK

St. John's Cemetery

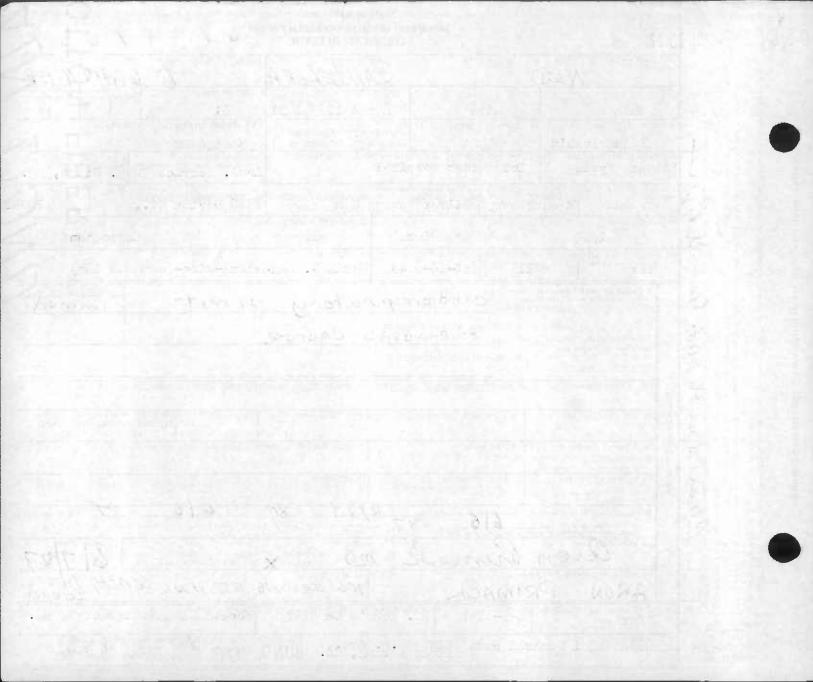
106 IRVING ST. NW

ForestowGlen Montgomery

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WASH, DC

JUN 9 1987 Julia Distrar's SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bricklayer Construction 21771 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME Marion Schwartsback Clifton Carlisle E. Owen 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 220-26-4951 Sarahlea Kemp same as 13e No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY INFARCTION IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ED AS A E 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE, WRITING THE WORD "

REWARDED TO THE CHIEF

REPAGE 3 SHOULD BE USE

ESTATE DEPARTMENT OF H NO X YES 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEATH In PLACE OF INJURY IF LOCATION 214 INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC. EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER-CEATH, WITH THE STANDE, MARYLAND, 2 22a I certify that I taok charge of the remains described above, held an Hatural causes Hamicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION REMOVAL Arlington, Virginia Metropolitan Crematory Cremation 07/84 24 FUNERAL DIRECTORYSON Wheeler Funeral Home, Inc. 250. DATE RECE BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

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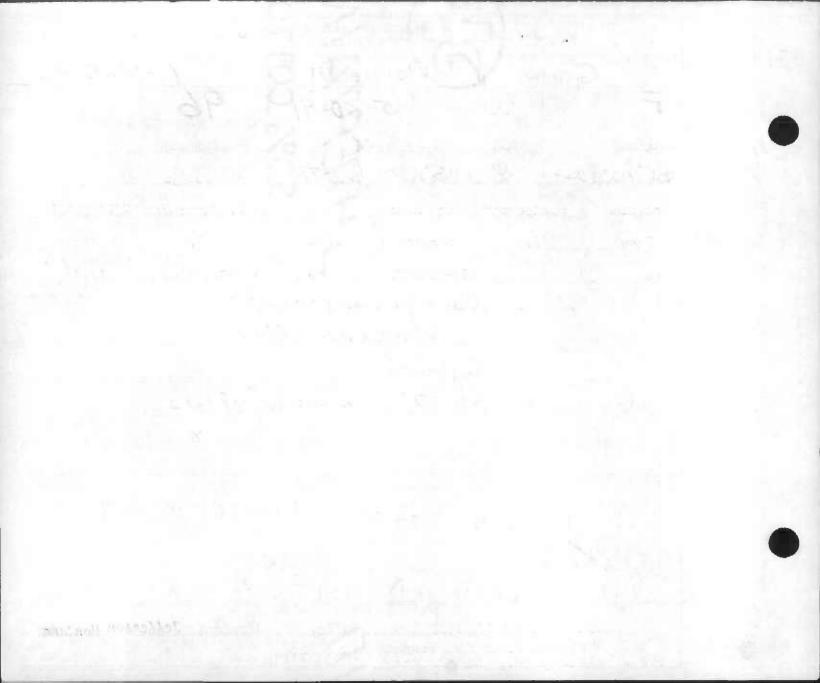
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖈

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	13a S		136 COUN	ITY	13c CITY OR TO	NWO	134 INSIDE CITY		13e STREET ADDRESS			0001	
	The same of	aryland ATHER'S NAME	Mon	tgomery	Silver	Spring	YES NOTHER'S M		25 E. Wayne	Ave	#M014 Z	0901	
0	13.17	Frank		J.	Sim	oson	Mari	ST	M.			rr	
1		WAS DECEASED EVER		MED FORCES?	16b SOCIAL SE	CURITY NO	17 INFORMANT	nie	ce ADDR	ESS 150	Westbur	y Rd	
		no	, , , , , , , ,		516-12-	-1477	Helen E.	. Thom	as Lutherv	ille.		MATE INTERV	
7	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), storin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which nediate g the last	DUE TO, OR (c) CONDITIONS CO	AS A CONSEG CONSEG AS A CONSEG SCHOOL INTRIBUTING TO	DUENCE OF OM ON O DEATH BUT	Pardiac	unte	INAL DISEASE OR CON 200 AUTOPSY? YES NO M	20b. IF YES	VEN IN PART TO S, WERE FINDIN FYING CAUSES (IGS USED	H?
3	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETIHER NOTHY MEDIC 21d IN JURY OCCURR AT WORK NOT WHAT WORK 220 certify that (1) SOW 110 december of the control	AUSE OF DEA	21e PLACE C (AT HOME, STRE	M. MONTH M. DE INJURY EET, FACTORY, OFFICE e deceased from	19 n Re, FARM, ETC.)	21f LOCATION SIREET and that in (my) (or DEGREE	19 y y ur) apinion c	CITY OF TO CITY OF TO death occurred on the d MEDICAL STA	own ate and hau	COUNTY	that (I) (w	
		VLVEK	ME (1YPE O	VA	D 1	n.D	22e ADDRESS 3311	Tal	ledo Test	iale	Hyalt	svill	le.
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CRI		23d LOCATION		COUNTY	51/	ATE
		buria					r Valley	01 0 1	Boulder	Jeffe		ntana	1
		UNERAL DIRECTOR F	rance	is J. Co.	llinson	uneral	Home, I	n.c	E REC'D. BY REGISTRAR	256 REGIST	TRAR'S SIGNATU	JRE	73.
	1	500 Univers	ity I	Blud W	Silver	Spring.	MD 209	01 111	V 1 8 4007	Chiles	Cholen.	Annah San	

DHMH - 16 50M 4/B3 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	1	0	Time of	1
REG. NO					

		REGISTRAR		661411	TEATE OF BEATH	REG. N	0		9
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	TITTE		AN NORMAN CARON			JUNE 25	1987		3:40 A
1	3 SEX	x	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR	JE UNDER 24 HRS
u	M	IALE	CAUCASIAN		EMBER 28 1962	24	YRS	DATS	NOURS MIN.
		RTHPLACE LEFATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	DXX NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF D	EATH	
1		EW JERSEY	UNITED STATES	WIDOW	AAAA	MONTGOM	ERY		MD.
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		KIND OF	BUSINESS OR
1		BETHESDA	NAVAL HO		L	U.S.NAV			ENSE
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 136. CITY OR TO		138 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		99999
	_		ION UNION	V	YES NO		OD TERRAC	CE	07083
1	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST	
		ROBERT N.			GLORI				
2			IVE WAR OR DATES)		17 INFORMANT	ADDRE			
5		YES 198	1-1987 136-64-	-3848	MARYANNE G. C			CERRA	
		DADT I DEATH WAS CAUS	inly one cause per line for a , (b , c ED BY		UNION, NJ 07		-	BETWEEN	NATE INTERVAL
		IMMEDIA	TE CAUSE (a) CHRONIC	MYEL	OGENOUS LEUKEM	IIA			
H			DUE TO, OR AS A CONSEO	UENCE OF			100		
1		Canditians, if any, which gave rise to immediate	(b)						
1		cause a), stating the	DUE TO, OR AS A CONSEO	UENCE OF					
		onderlying cause last	((c)						
d	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN IN	PART 1 a	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATIO	N WAS PEPEOPMED	20a AUTOPSY?	20b. IF YES, WER	E EINDING	CELICED
	FIC	DATE OF OFERATION	THE CONDITION TOR WITH	IT OF ERATIC	NAS FERTORMED		IN CERTIFYING	CAUSES	OF DEATH?
H	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES XX	Y	NO []
H	IL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	THE TIOW IN JOHN OCCORN	LD (ENTER NATIONS OF INJUI	IT IN THEM IS PART I OF	FARIZ	
	MEDICAL	216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
ij	ME	WHILE TO NOT WHILE TO	(AT HOME STREET, FACTORY, OFFICE	, FARM ETC)	STREET	CITY OR TO	wn cc	YIMUC	STATE
		220 1 continue that (I) (this book	oital) attended the deceased from	MA	Y 23 10 87	ta JUNI	25 10 8	7 .	
ì		saw the deceased alive a			nd that in (my) (our) apinian d				nat (1) (we) last auses stated
		226 SIGNATURE	2 No	no.	DEGREE			c. DATE S	
		aver k	& Hernil	24	MD ATTENDING PHYSICIAN	MEDICAL STAF		26 V	une 87
		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS NAVAL	HOSPITAL			
		J. B. HERMIL	LER, LT, MC, USI	NR .		SDA. MD 208	314-5011		
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUN	Itv	STATE
		Removal			Home for Fune	erals	Union	0 1	N.J.
	24 FL		shall's Funeral		25e. DATE	REC'D. BY REGISTRAR		100	At studio
		4217 9th St N	W: Washington,	D.C.	JUL	U6 1987	THE PARTY COM	-Nan	OF ST.

Daw F Heinrichter FROMUSE LA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FIRST 26 HOUR TYPE OR PRINTI Lovis 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR 3 SEX ALE CAUCASIA TO CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) ENGLAND WIDOWEDXX DIVORCED DISCY 4 COUNTY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH MANUFACTURER INDUSTRY DRY ICE 13d INSIDE CITY LIMITS? 1718 MARK LANE 13a MARYLAND (20852) NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE WOLF FIRST CARP POCHECA YETTA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (20852)MD. 057-10-6142 MR. THEODORE CARP 1718 MARK LANE 18 CAUSE OF DEATH Enter only one couse per line for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Uro seosis Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION nemis 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH NOY YES [21a ACCIDENT WAS UNDERLYING NO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING NOAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 19 LIFEITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED TIE PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE attended the deceased from correspondent death occurred on the date and hour and from the couses stated and that is DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE CITY OR TOWN

FAIRVIEW

250 DATE REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE ...

NEW JERSEY

BP. DHMH - 16 60M 7/84 (VRA 15. 4)

REMOVAL/BURIAL

ROAD. BALTIMORE, MARYLAND

6-23-87

74 FUNERAL DIRECTOL LEVINSON & BROS . ADD 6010 REISTERSTOWN

MT.

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12/14+	ES AUGUS	1240		1 12 12 1	
7132	In Marie		QVI 35 Y		

Olin L. Molesworth, P.A., Damascus, Md.

Alia Dividson Randall

DHMH-17 20M 1/73 (VR A15 ME (5))

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC	NO				

' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO		(F) (S)
	CEASED NAME	FIRST	A	AIDDLE	L.	AST	20 C	ATE OF DEATH		DAY YEAR	2b HOUR
(TYPE	OF PRINTS	rth	2 1	- (355	011			6	8 81	22/7 M
3. SE2		4-17-	4 RACE		5. DATE C			SE (IN YEARS LAST	BIRTHDAY	IF UNDER IT YEAR	
F	emale	7	Whit	te	Feb	. 7, 1924 TA	6	3	YRS	MONTHS DATS	HOURS MIN
70 BI	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	8 MARRIEI	D NEVER MARRIE	9 BA	LTIMORE CITY	OR COUNT	Y OF DEATH	
V	irginia		U.S.	A.	WIDOWE			MONTO	OME	RY	MD
]	TY OR TOWN OF DEAR Rockville		SHADY 6	SROVE AU	DUENT!	OR OTHER INSTITUTION	LIVE	USUAL OCCUPA e of work for mos etired. I	T OF WORKING I	tion De	tgomer or pt. Count
13a S M	at residence if nurs tate aryland	13b COUN MOI	other institution of the other institution of	ROCKV	ille	13d Inside City Lim Yes 🎇 NO 🗀		TREET ADDRESS	awford	Drive	College 20851
14 FA	Jack	Ber	middle njamin	Shelte	on	Fannie	ENNAME	Ma	е	Ree	dy
	VAS DECEASED EVER	IN U.S AR		166 SOCIAL SEC 215-34-		James Ber	Derv	wood, Min-in-law	18909	Shremo	r Drive
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	which mediate in lost.	DUE TO, OI	R AS A CONSEQUER AS A CONSEQUENCE TO THE REPORT OF THE REP	DENCE OF LIVE	NOTRELATED TO THI	Lecen	DISEASE OR CO	20b. IF (ei /	Cole INGS USED
MEDICAL CERTIF	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	HOUR A.	m. month (19	216 HOW INJURY C		ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	NO
	220 I certify that (I) sow the decease obave, (I) (we) (c) 22b. SIGNATURE	(this hospi ed olive on did) (did no	t view the bod	18/ 19	>n	DEGREE ATTEND PHYSIC 22e ADDRESS	ING . ME		AFF		that (It (we) lost e couses stated E SIGNED
	Burial, CREMATION,		6/12,	/87	Parklav	emetery or cremate wn Memoria				Maryla	-
24 FI	1331 Rocky	son W	heeler Fike, Rock	uneral H kville, Md	ome, 1	Inc. 22	JUN .	D. BY REGISTRA	AR 256 REGIS	THAR'S SIGNA	URF AND

DHMH - 16 60M 7/84 (VRA 15, 4)

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		E . T.	dia . Li, cità		eo als i	

- STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8
CERTIFICATE OF DEATH	-

	CERTIFICATE OF DEATH	REG. NO.	7	0	4 4
E	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2h HOUR
	Castell	06	18	87	B:10AM M
	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	R YEAR	IF INDER 14 MRS
	June 19 1903	83 YRS	MUNITO	DATS	HOURS MIN

CTYPE OR PRINTS Gertrude 4 RACE 3 SEX Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Washington WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) Olney Montgomery General Hospital homemaker JOUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Silver 3320 Chiswick Court 20906 Manulana Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Margaret Wilver James Conner In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2725 Country Club RD Winston Salem. NC 27104 18 CAUSE OF DEATH Enter only one couse per line for (a), b), and ic PART I. DEATH WAS CAUSED BY retrovascular accide DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED NOT 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME, STREET FACTORY, OFFICE, FARM ETC) NOT WHILE

22a 1 certify that (1) (this hospital) attended the deceased from

and that in (my) lours opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL June 22.1987

23c NAME OF CEMETERY OR CREMATORY Gate of Heaven

237 LOCATION

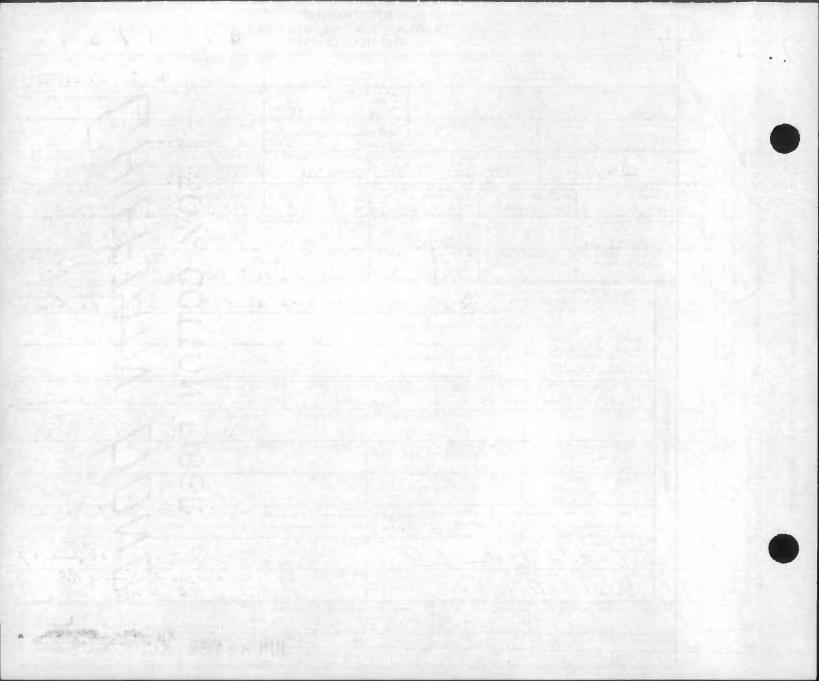
STAFF

24 FUNERAL DIRECTOR Francis J. Collins, P. P. Jr.

500 University Blvd. W Silver Spring.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME OF DEATH MATED DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 9. BALTIMORE CITY OR COUNT NEVER MARRIED WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME U.S. ATOMIC FAVERY ISUAL RESIDENCE IF IN COUNTY 13d INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME MIDDLE 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) MENTAL HYGIE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. RECORDS PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 a. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL PROPERSAL DIRECTOR: PAGE 3 SHOULD BE USED AS A SHOULD BE AS A SHOULD BE AS A SHOULD BE WITH THE STATE DEPARTMENT, OF HEALTH BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO-E 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. AT WORK AT WO STREET FACTORY, FARM, ETC.) CITY OR TOWN 220 I certify that I took charge of the remains described above, held on Autopsy Notural couses deoth resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE (TYPE OR PRINT) DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH (VR A15 ME (5))

SHOW WELL SHOW NOWE Eveny - 6/1/27 Homenshipmens destruction to

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other troumatic event, the

17	FOR STATE			DEPAR	MENT OF	E OF MARYL HEALTH AND FICATE OF	MENTAL HYG	IENE 8	7	i de la companya de l	10	4	0
1 DE	REGISTRAR CEASED NAME	FIRS:		MIDDLE		LAST	DEATH	20 DATE OF	REG. NO	NIH DAY	YFAR		à
	OR PRINT)							Za DATE OF			TEAK	25 HOL	1
-		Fielde		Bowie			Jr.	June				7:1	
3 SEX	Ma	le	4 RACE	hefe	5 DANS	PABINIO,	1911	6 AGE (IN YE	76	YRS.	THE DAYS	HOURS	MIN
	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D D NEVER	MARRIED [9 BALTIMOR	E CITY OR C	OUNTY OF	DEATH		
l `	45			45	WIDOWE		NORCED	Mont	gomery	-			MD
10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURS	ING HOME (12a USUAL O	CCUPATION		12b. KIND O	FBUSINE	
100	661	UEY		CHEACILITY, GIVE STREE		Inamita:	1	Carpe	FOR MOST OF WO		INDUSTRY		
USUA	AL RESIDENCE (#		OTHER INSTITUTION	mery Gen		lospita.	1	carpe	nver		Const	ruct:	lon
A	1 D	13b COUN	TUT	GALIT	HER5	136 INSIDE C	NO-IN	701	DDRESS / ZI	P CODE	FLI) 20	0879
14. FA	THER'S NAME		MIDDLE _	LAST L	SURG	15 MOTHER	S MAIDEN NAA	WE	MIDDLE		LAST		
	F IELDEF	ł I	BOWIE	CHILDS	S S	R. Mc	ollie	M		Allı	nutt		
	VAS DECEASED E			166 SOCIAL SEC	URITY NO	17 INFORMA	ANT		ADDRESS				
1	ES. NO OR UNKNOWN	no	E WAR OR DATES)	214-16-7	7056	Elsie	G. Chil	ds S	ame as	# 13			
	Canditions, if gave rise to cause (a), s underlying co	ony, which immediate itating the ause last	D BY: E CAUSE (0) DUE TO, Q DUE TO, O Ic)	lipe for any by a	JENCE OF	he de	pris	1897	Pres	Can Car	74	, my	de C.
NOIL	Chri	IN day	Trustan	ITION FOR WHIC	En pre-	1 dis	au, Co	lyn)	pa	SIFYES, W	INT	15	
CERTIFICATION	196. DATE OF OP	ERATION	190 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFC	DKWED	YES	NOX	CERTIFYIN YES	G CAUSES	OF DEAT	H.5 D
CE	21g. ACCIDENT WA		216. TIME C		DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART	OR PART 2)		
CAL		MEDICAL EXAMINER	in a		19								
MEDICAL	21d. INJURY OC		21e PLACE			211 LOCATIO			CITY OF TOWN		COUNTY		TATE
Σ	WHILE NO	T WORK	(A) HOME SI	REET FACTORY OFFICE	FARM ETC)	SINCE					_	3	
			tol) attended the	e_deceased fram	6/	10	10 8	to	2/25	10 8	87	that It (v	ve) last
	sow the dea	eased olive on	61	74 191	57 .01	nd that in (my)	(our) opinian d	leath occurred	on the date of	and haur an	-		
	above, (1) (w		i) view the bady	after death		DEGREE					276-0-419-5	SCINED.	
	228. 3101141011	plus	10,0	Con		1.00	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		6/2	1/8	7
	22d. PHYSICIAN'	1 Bt N	CO.	SCA, U	4.D.	22e ADDRES	FOUND	of Rel	EDLA	21)	ROA	0	
22- 0	URIAL, CREMATI	ON BEHOVE	M.D.	122.	NAME OF C	EMETERY OR	COSMITOR	23d, LOCAT	IONI	10			
	SPECIFY)				TAME OF C	EMETERT OR		CITYO	RTOWN	CO	DUNTY	5	TATE
24 51	BURIA		JUNE 2	7,1987	LAYTON	SVILLE	CEMETE	RY TAY	TONSVI	LLE	MONT.	MD	
19 PL	INERAL DIRECTO	K					ZOD DATE	KEC D. BY RE	C15 KAR 755	KEGISTRAR	'S SIGNATU	JKE	

DHMH - 16 60M 7/B4 (VRA 15, 4) THE BARBER I

LAYTONSVILLE, MD. 20879

JUN 29 1987 Julia Devideon Randale

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056332 Jun	FOR STATE REGISTRAR			DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH
ee pe	1. DECEASED NAME (TYPE OR PRINT)	Mahel Mabel	MIDDLE E.	Elsie	Clark Clark

TH AND MENTAL HYG	IENE 8 / REG. N	10.	5	6,	1
01	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	

-								KE	G. NO.		
	PECEASED NAME	FIRST Ma	bel '	Elsie	ı	/ Clark	17	20 DATE OF DEA	,	DAY YEAR 87	26 HOUR
		164001	0.05	E.	Li Dive	1 ask		4 405			10 F
3 5	EX	1	RACE	<	5. DATE C		YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY]	MUNITO DAY	
	remale		care	esean	10	15	18	68	YRS.		
7a (BIRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	DDIED []	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
7	Colorado		USK	7-	WIDOWE	DNC	RCED [gomery C		
0	Bethes de		(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	HUSPI	TAL	JTION	12a USUAL OCCL (TYPE OF WORK FOR N Write	OST OF WORKING LIF	EL INDUSTRY	of BUSINESS C
30	ual residence of Nursi state aryland	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Clarksb	V	13d INSIDE CITY	LIMITS?	13 STREET ADDR 23200 St	ESS / ZIP CODE	n Rd,	20871
14. F	FATHER'S NAME					15 MOTHER'S A	AIDEN NA				
4	Fred	MID	DLE	Ro11e	r	EÍ	zabet	.h	DLE	Rí	.ce
1 160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	U.S. ARME		524-05-5		Miranda	(ua	ugiller) I	Box 407 North Tr	OV UT	05859
		1.5 . 1		1 - (-)					VOI CII II		DXIMATE INTERVAL N ONSET AND DEAT
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED 8	ane cause per BY.	A A A A			0,1	anne.			
		IMMEDIATE C	AUSE (a)	Carcin	omo	regi	wa	ung		24	cais
NO	cause (a), stating underlying cause PART 2 OTHER SIGN	last	(c)	DNTRIBUTING TO D		NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART 1	lia
CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORA	NED	200 AUTOPSY?	IN CERTIF		INGS USED ES OF DEATH?
ing .	On COLUMN COURS	AUSE OF DEATH	216 TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJU	RY OCCURR	RED (ENTER NATURE OF			
MEDICAL	21d. INJURY OCCURR		21e PLACE O		17	21f LOCATION					
ME	WHILE NOT WH	UE []		PEET, FACTORY OFFICE FA	RRM ETC)	STREET		CITY	ORTOWN	COUNTY	STATE
	22a.1 certify that (1)	this hospital	attended the	e deseased from		7/23	19.77	to	6/8/	1987	, that (1) (wet la
	saw the decease	d alive an_	new the body	ofter death.	<u>7</u> , an	nd that in (my) (e	opinian d (حد	death accurred on t	he date and have	and from th	e causes stated
	ofre !	(M	600	ι	M	DEGREE ATT	ENDING YSICIAN []	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	6/8	E SIGNED
	Robert	CM	acon	M.1) .	809 V1	ers 1	Till Rd.	Rockvi	110 N	10/208
23a	BURIAL, CREMATION,		23b DATE		148F6	fed eserv	WAFSLA II	n Wersich	T _N	COUNTY	STATE
	Remova1		9 June	87 o	f the	Health	Scien	ces	Bethes	da, Ma	ryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept: at Health and Mental Hygiene prior to burial, cremation, or removal.

Capitol Funeral Service, Falls Church, VA

Bethesda, Maryland

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				Long Co.
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			Turk R Leve litt	

DHMH - 16 60M 7 (VRA 15, 4)

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. 1				STATI	E OF MARYLAND				
12	1.87	FOR	DEPAI	RTMENT OF H	EALTH AND MENTAL HYG	IENE - F	7		
	17-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	O / 1	10 % 5		
	I DEC		Paul MIDDLE Gart	h i	AST Clayton	REG. NO.	AY YEAR 76 HOUR		
		OR PRINT)	GARTH		ITON	6-23-87	705		
	3 SE)	1706	4 RACE	S DATE C	7 IUN		IF UNDER LYEAR IF UNDER 24 HRS		
	3 SE/			MONTH	DAY YEAR	in in	ON HS DAYS HOURS MIN.		
, ,		Male	White	Feb	2, 1898	89 YRS.			
1		RTHPLACE (ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY			
		New Jersey	U.S.A.	WIDOWE		MONTGOLE	RY MD.		
11)	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	126 KIND OF BUSINESS OR					
14	Bi	ETHESOA	SUBURBAN	HOSP	AT&T				
00		AL RESIDENCE (IF NURSING HOME OR				1	49999		
1	130 5	STATE U 136 COUN	Washing		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4113 Jenifer St	AW/20015		
	14 FA	THER'S NAME	Income 150	,0011,00	15 MOTHER'S MAIDEN NAM		91111/2001)		
111	14.0	Frank	MIDDLE LAST		FIRST	WIDDLE	LAST		
4	16- 16	VAS DECEASED EVER IN U.S. AR	T. Clayt		Annetta 17 INFORMANT		atchelor		
2		(IF YES, GIV	E WAR OR DATES)			ADDRES16 Ba			
		Yes WW	I 577-07	-0047	Annetta F.	Jeffries, Ocean C	ity, NJ 08226		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			TE CAUSE (0) CARCOL	U - RES	PIRATORY	ARRESI	-0-		
			111						
		Conditions, if ony, which (16) PENAL FAIWRE							
1		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			2		
1		underlying cause last DLADDER CARCINOMA							
		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110		
	CERTIFICATION								
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHI		N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?		
de	TE	3-25-87	HEMATOR	212		YES NOW YES			
1	CER	210. ACCIDENT WAS UNDERLYING	- 110110 4 44 44001711	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT : OR PARE 2]		
4	AL	OR CONTRIBUTING CAUSE OF DEA	4111	T9	NA				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY 51 ATE		
	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE FARM ETC)	STREET	CITTORTOWN	COUNT		
		270. I certify that (I) (this baspital) attended the deceased from MARCH 23, 1987, to JUNE 23, 1987, that (I) (we) lost							
		saw the deceased alive an	JUNE 22 19			death occurred on the date and hour			
		22b SIGNATUIL	t) view the body alter death!		DEGREE		22c. DATE SIGNED		
		Cedras	I the Bruce	1	MIN ATTENDING	MEDICAL STAFF	6-22-87		
-		278 PHYSICIAN'S NAME +***ED	The state of the s	(22e ADDRESS	DIRECTOR PHYSICIAN	1027		
/		Midwith R	SYME MD		Carried Dice A.	a time (1) and	1 111) 2000		
-		Thomas 17. 4			12424 mise 110	1 Tos, they a	45, My. Call		
1		BURIAL, CREMATION, REMOVAL	4		EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE		
		Burial			coln Cemetery		MD CP		
/B4			oh Gawler's Son			REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE		
	5	130 Wisconsin A	ve, NW, Washingt	on, D.C.	20016	IN 26 1987 Julia d	Teridor-Randallo		

Tarent Clayson of the Color of						
rate no. 2, 1000 69 lew Horton E.S E Harvinor F.T. T.						
Value of the control						
Test of the control o						
Hew Horesy M. S						
Tenk M. Clayton August #115 Jenifor St., MAC NIS Fronk M. Clayton August Stochelor 1216 Bay twonus For OM I SW-DY-CSW Ammeta F. deffring, near city, 13 OSS August Stochelor August Stochelor For OM I SW-DY-CSW Ammeta F. deffring, near city, 13 OSS August Stochelor August Stochelor For OM I SW-DY-CSW Ammeta F. deffring Stochelor August Stochelor For OM I SW-DY-CSW Ammeta F. deffring Stochelor For OM I SW-DY		8091 ,5		estable.		
Trank M. Clayton Anarton — Satohelan Trank M. Clayton Anarton 135 Bay Avenue You (MAI 1977-07-6647 Anareta P. delfrime, resem city, 13 08			6	1.2.1		Vacator Ma
Pronk M. Clayton Kureton - Ratolelor 1215 Boy Awanse Yes (MAI S77-07-6547) Kareton P. deifrimen Clay, 13 OSF	Tank makesage					
Top (MAI 1979-07-664) Andmits P. defiting, coom city, 13 08	ATT S don't for St Half Colle		or, megnada		-	auth tom
You Diff I SYN-DY-CANY Aments P. Jaifffers, resum nity, 137 0895	to fedotos	nadnean	notypin			Frenk
	ALLES BOY AVOIDED	d. W. addamest	19123 Fr. 01		+ 383	
		No . S Parametra	-Albert John M.			
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Install (22)37 Ft. Lincoln Corotons areatered, in Joseph Galer, Inc.	DI LONGROUDE	greaternt miner	· 55			Introd

FOR STATE

STATE OF MARYLAND								
DEPARTMEN	T OF HEALTH	AND MENTAL						
C	ERTIFICATE	OF DEATH	0					

17649

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 26 1987 Julia Dioiden Randare

		REGISTRAR				CENTIL	TEATE OF DEATH	REG. N	O.			
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R,
	(TYPE		loward	1	J.	Clen	nons, Sr.	Jui	ne 18	, 1987	1039	PM
	3 SEX	X		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BE	THDAY)	MONTHS DATS	IF UNDER 2	24 HRS
		Male		Whi	te	Oct		83	YRS.	WOWING DAIS	HOURS	MIN.
5		RTHPLACE (STATE OF F	OREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
5	· ·	Virtinia		II.S	S.A.	WIDOWE		Montgo	nery			MD.
Jan.	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12h KIND C	F BUSINES	
· ·		Bethesda			Melvern I			Plastering	Cont	rac. Co	ntrac	ting
-5		AL RESIDENCE (IF NURS	136 COUP		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13. STREET ADDRESS	/ 71P CODE			
2		MD		tgomery	Bethe		YES X NO	5907 Mel	vern	Drive/2	0817	
9	J4_FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAS		
(Joseph		M.	Clemons		Frances	Elizabe	_	Ritten		
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			Ridge		
	. "	No		-	217-32-	1636	Marjorie J.	Burnside,	Beth	esda, M	D 208	17
		18 CAUSE OF DEAT	H (Enter or	nly one cause per	lipe for (al, (b), one	die	1 1	10		APPROX BETWEEN	MATE INTERV	/AI DEATH
1		PART I. DEATH W		TE CAUSE (o)	COUPER	trur	t heart	tacker.	9	2	yeor	13
				DUE TO, O	R AS A SONSEQUE	NEE OF		e v				
1		Conditions, if ony,		(dıb)	1)00	bet	es priec	litrus		13	yeo	3
	-	gove rise to immediate couse IoI, stating the DUE TO, OR AS A CONSEQUEN										
		underlying couse lost										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0										
/	CERTIFICATION	19a DATE OF OPERAT	TO DAYS OF ORDAYION			ICH OPERATION WAS PERFORMED		200 AUTOPSY? 206 IF YES, WERE FINDINGS USE		ACE LISED		
1	FIC	THE DATE OF CIERA	11011	178 COIVE	THO TO WITH CIT	OFERATIO	THE OWNED		IN CERTIF	YING CAUSES	OF DEATH	
-	ERT	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY					21c. HOW INJURY OCCURR	YES NOK	YE PY IN ITEM IS S		NO 🗌	
1		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D					The state of the s	TENTER MATORE OF 11470	AT II VII LIM TO F	ART TOR CART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	211 LOCATION					
	ME	WHILE NOT WH	HILE [EET, FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	\$17	ATE
		AT WORK AT WOL	RK	1 1 1 1	-1 11	-	500	tn 6 - /	V	10 +24		
		sow the deceased give on 6 79 and that in (my) (aur) against death accurred on the date and have and from the course stated										
		obove, (h) (we) (did) (did not) view the bady after death. 22b SIGNATURE							22¢ DATE			
		all will				1.	A - 0				e 19,	198
1		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	LIAN [0 4211	/ 1	
		Eva M	Mor	ell			6000 Execut	tive Blvd	Rocky	ville.	MD 20	852
	23a B	BURIAL, CREMATION,			23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial		6/22			m Memorial Pa	rk Rockv	ille.	MD	STA	ATE
	24 FL	UNERAL DIRECTOR	Joser		-			E REC'D. BY REGISTRAR			URE	
		0.1 0.04 5			ADDOS	-			# .	0	A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T	en.

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisconsin Avenue, NW, Washington, D.C. 20016

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/B (VRA 15, 4)

-	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	175	5 (
	1 DECEASED NAME (1YPE OF ATT) A M 1 RACE			AIDDLE A.	C. S. DATE C		20 DATE OF DEATH		9 9:21AM YEAR IF UNDER 21 HRS
3	(DUNTRY) Co . /	76 CITIZEN OF V	AVCASIAN WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O	YRS PROUNTY OF DEAT	H
1	10 CI	KOMA PARK /	WASH!	WETON AU	VEAT	OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE (NDUS	MD. ND OF BUSINESS OR ITRY RMERS VAION
3	13a S	mo PR.		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	10 -00 0 1 /1-0/00	20912
	HA FA	THER'S NAME FIRST JAMIN	AIDOLE .	CLIFF		IS MOTHER'S MAIDEN NAME OF THE STREET	WE		HART
9		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	237-18-5	926	KATHERINE S	CLIFF. 110	SS LINDEN	AVE T.P.
	NOI	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OF	CARDI CARD CARD RAS A CONSEQUEI ACU	AC NCE OF NCE OF		IAL INF	ARCTION	veen onset and death
1	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE FII IN CERTIFYING CAL YES	JSES OF DEATH?
1	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE OF WHILE AT WORK	P./	M. MONTH DA	19	216 HOW INJURY OCCURR	CITY OR TO		
1		27a I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 27b SIGNATURE 27d PHYSICIAN'S NAME (TYPE O	view the body	deceased from 19 5 after death.	7 . 01	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN [122e ADDRESS]	MEDICAL STAR	22c. D	ATE SIGNED
4	(BURIAL, CREMATION, REMOVAL SPACES JURIAL DIRECTOR SAME TURING LINES	236 DATE JUNE 16 Glalters	1 1	AME OF C EN 525	EMETERY OR CREMATORY RESERVED TO DAY	23d LOCATION CITY OF THE PROPERTY OF THE PROPE	25MVILLE SYREGISTRARSISIO	NERTH CAR

FOR - STATE REGISTRAR

TO FUNERAL DIRECTOR, Afte should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is mar

DHMH - 16 60M 7/84 (VRA 15, 4)

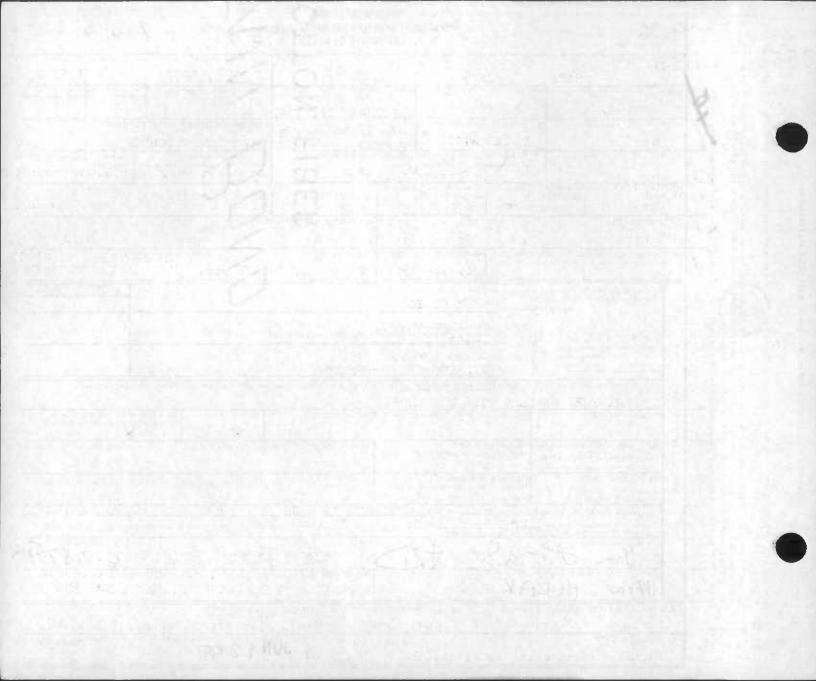
BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

		7	Ö	-	
REG. N	0.				
DEATH		OAV.	WE A F	Lai	

		EASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH C	DAY YEAR	2b HOUR
1	(TYPE	OF PRINT)	SARA	J	ANE		COCKEY	JUNE 6, 19	987	1	1:55 P _M
Λ	3. SEX	(Dittal	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY)	W UNDER I YEAR	IF NOER 24 HAS
П		FEMALE WHITE			CEDTE	EMBER 21. 1942	44	44 YRS		HOURS MIN,	
1		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
		Florida		UNITED	STATES	WIDOWE	D NEVER MARRIED X	MONTGOMER	Y COUN	TY	MD
7	10 CI	TY OR TOWN OF DEA	ATH /			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ION	126 KIND OI	F BUSINESS OR
	RF	THESDA			HE CLINIC		ENTER	Computor A		U.S.G	overnment
		I RESIDENCE HE NURS	ING HOME OR	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13a STREET ADDRESS	/ ZIP CODE	20	852
		Maryland		gomery	Rockvil		YES NO NO	11409 Comm	ionweal	Lth Ave	.,Apt.304
A	14. FA	THER'S NAME		MIDOLE	TZAL		15 MOTHER'S MAIDEN NAM	ME MIDDLE		1461	
-]	Edward		Α.	Cockey,	III	Sara	Jane			ays
/		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	LUTHE	RVILLE,	MD 21093
		No			219-42-2	196	EDWARD A. CO	OCKEY 3rd,		8 CROF	TLEY RD
		18 CAUSE OF DEAT			line for (a), (b), and	dic		Automotive II		BETWEEN	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH W		E CAUSE (0)	MENINGITI	S					
				DUE TO, OI	R AS A CONSEQUE	NCE OF					
		Conditions, if any,		((b)	METASTATI	C BRE	CAST CARCINOMA				
	- 4	gove rise to immo	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
1		underlying cause	lost	((c)	DILATED C	CARDIO	MYOPATHY				
	z						NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	
	TIO	HISTO			IEN THROM		N WAS PERFORMED	20a AUTOPSY?	TOOL IE VES	, WERE FINDIN	2001120
/	CERTIFICATION	198 DATE OF OPERA	IION	198. CONDI	TION FOR WAICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	YING CAUSES	OF DEATH?
-	ERTI	21a. ACCIDENT WAS UN	DERLYING [7 216. TIME O	F IN IURY		21¢ HOW INJURY OCCURR	YES NO		ANT I OR DARK 21	но 🗆
1		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA		THE WORLD BE SON OCCORN	TENTER NATURE OF INJUI	CT IN HEM IS PA	KI OR PAHI 2]	
	MEDICAL	116 INJURY OCCUR		21e PLACE		19	21f LOCATION				
1	ME	WHILE TO NOT WE	310		EET FACTORY OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22s Leastifu that W		tali attended the	decensed from	TANI	UARY 14 19 86	. JUNE	6	. 87	hot (we) lost
		saw the decease obove, X (we) (86, on	nd that in XXV (our) opinion o				auses stated
		22b. SIGNATURE	did) Mix %	t view the bady	after death.		DEGREE			22c. DATE S	
		Yora	A	max	7	7	ATTENDING	MEDICAL STAI	FE	6.7	2 87 Jpm
7		22d PHYSICIAN'S NA	AME (TYPE C	PR PRINT)	1X	•	22e ADDRESSNATION			HEALTH,	9000
		WAN	HOT	ZAK			ROCKVILLE PI	KE, BETHESD	A, MAR	YLAND	20892
		URIAL, CREMATION,	REMOVAL	23b. DATE	23(N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	()	Burial		6-10-	87 St	. Tho	mas Cemetery	Garrison	Forest	t, Balt	o.,Md.
		INERAL DIRECTOR				1050	York Rd 250 PALE			*	
	1	Ruck Towso	n Fun	eral Ho	me, Inc., T	owson	,Md.21204 JU	1 2 1987	0		



PRESTON ST. DIVISION OF VITAL RECORDS.

5 7 9 0 4 JUN 29 0

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 2b. HOL Baker Cockey DOKEL AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH VEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED WIDOWED DIVORCED [Montgomery County 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dist.Mngr. Encyclopedia Brtanica 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1608 Lansdowne Way Silver Spring YES T NO 20910 15 MOTHER'S MAIDEN NAME MIDDLE LAST Margaret Ford 166 SOCIAL SECURITY NO. 17 INFORMANT Lois Cockey same as above 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19 211 LOCATION CITE ON TEXAM SAATE

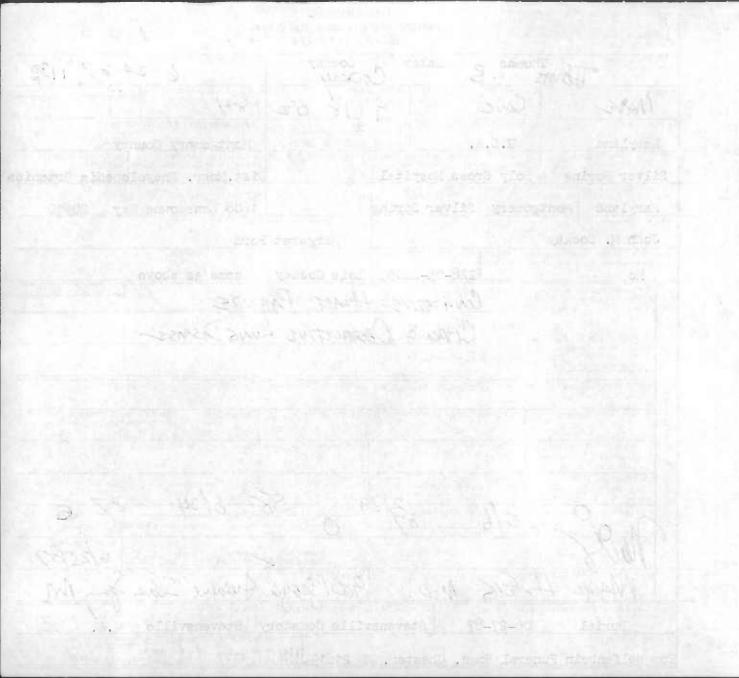
Thomas TYPE OF PRINTS 3. SEX 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN COUNTRY U.S.A. Maryland O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring Holy Cross Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY Montgomery Maryland 4 FATHER'S NAME MIDDLE John M. Cockey I MAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for lo), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g IFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CERTI 21h TIME OF INJURY 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC. NU WHILE TO 220 1 certify that (1) this haspital) attended e disceound from and that in (41) court opinion death occurred on the date and hour and from the causes stated eceased alive an H wel (did Haid not) view the DEGREE He DATE ATTENDING MEDICAL should be deto with the State [IMPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN STATE (SPECIFY) Stevensville Cemetery BP. Burial Stevensville 1250 DATE MC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

ADDRESS

Tom Helfenbein Funeral Home.

Chester.

DHMH-16 30M 2/80 (VRA 15, 4)



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OR	DEPARTMENT OF HEALTH AI
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EGISTRAR	CERTIFICATE O

4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL									
CERTIFICATE OF DEATH	0								

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NO				

1	' '	REGISTRAR				CERTIF	ICATE OF	DEATH	REC	5. NO		
		CEASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE OF DEAT		DAY YEAR	26 HOUR
JUL -		Mai	rk	(NMI)		Colla	rd		June 25,	1987		1.40 ac
	3 SE	X	1	RACE		5 DATE C		45.00	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
	Ma	le		Caucas	ian	02	04	37	50	YRS	MUNTHS DATS	HOURS MIN.
21	70 B	RTHPLACE (STATE ORF	OREIGN]	L CITIZEN OF	WHAT COUNTRY?	8	X NEVED	MARRIED -	9 BALTIMORE CIT		Y OF DEATH	
Tol N	Vas	hington, D	C	United	States	WIDOWE		NORCED	Montgon	nery		MD.
601	10. C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		ROTHERIN	NOITUTITE	120 USUAL OCCU			F BUSINESS OR
# Soft	Та	koma Park	/	Washi	ington Ac	dventi	st Hos	pital	Electrici		Local	26
35	13a S	AL RESIDENCE (# NURS	13b COUNT	TY	GIVE RESIDENCE BEFORE	N	13d INSIDE	CITY LIMITS?	13e.STREET ADDRE	ess / ZIP COD	t. 2077	2
and a	14. FA	ATHER'S NAME		NDDIE	LAET			'S MAIDEN NA	ME			
600	Ma	rcus	,	NODIC	Collard	k	Sac	lie	MIDD	lt.	Connle	у
ical		WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO	17 INFORM	ANT	AL	DDRESS	harrier to	
med	1	No	(IF TES, GIVE	WAR OR DATES!	218-34-7	056	Mary	Collard	(wife) Sa	ame as	#13	
oumatic event, th		PART I. DEATH W Conditions, if any,	AS CAUSED IMMEDIATE which	CAUSE (0)	line lor 101, 161, on letastatic RAS A CONSEQUE	reual	Cell Renal	Carciuse Pailure	- lever!	ailere	BETWEEN	MATÉ INTERVAL INSET AND DEATH
is ony injury, or other	CERTIFICATION	couse (o), stating underlying couse PART 2 OTHER SIGN 198 DATE OF OPERAT	g the lost.	(c)ONDITIONS_CC	ONTRIBUTING TO D	DEATH BUT			200 AUTOPSY?	20b IF YE IN CERTI	VEN IN PART TO S, WERE FINDIN FYING CAUSES	GS USED
bem 18 show		21g ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURR	YES NO		PART I OR PART 2)	NO []
morkedor	MEDICAL	21d INJURY OCCURR	ILE [7]	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCAT		CITY	DR TOWN	COUNTY	STATE
Item 21 is mo		22a I certify that (1) sow the decease above, (1) (we) (d	d olive on_	624	19) (our) opinion (deoth occurred on the	ne date and hou	ond from the	
*		22b. SIGNATURE	N	Jam	Je n.	1			MEDICAL DIRECTOR PH	STAFF YSICIAN [6-25-	
MPORTANT		Dr Robert	J. Ge	PRINT) (1		220 ADDRE 4410	14th Av	x Landovi	erHills	md 20'	784
<u> </u>	23o. E	BURIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d LOCATION	N	COUNTY	STATE
		Burial		06/27	/97 Pc	SHIRK	ction	Camal			^	110

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

LANGRAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the buriol-trousit permit. Then please remove carbonappers. P should be defoched for use as the buriol-tronsit permit. Then please remove corbonpape with the State Dept-of Health and Mental Hygiene prior to buriol, cremotion, or removal

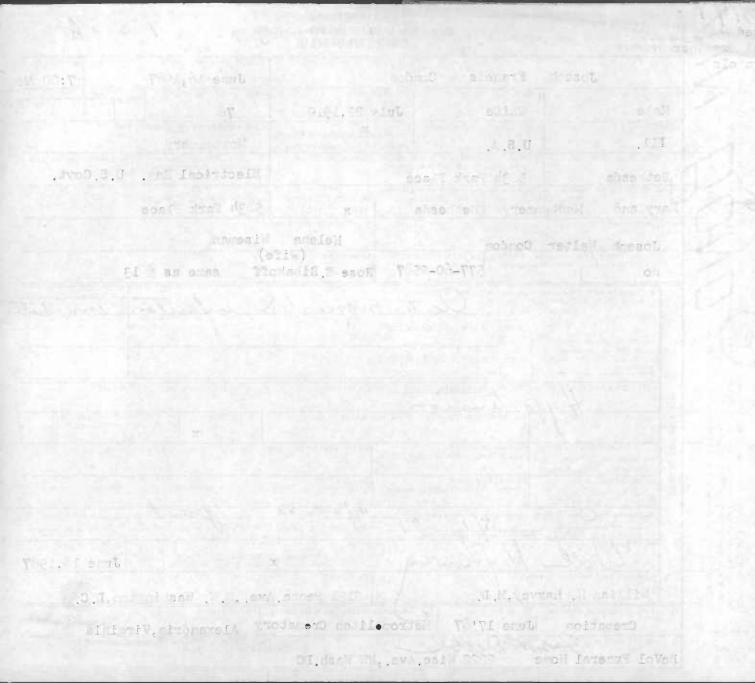
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Burial | 06/27/87 | Resurrection Cemetery Clinton Prince Geo. MD

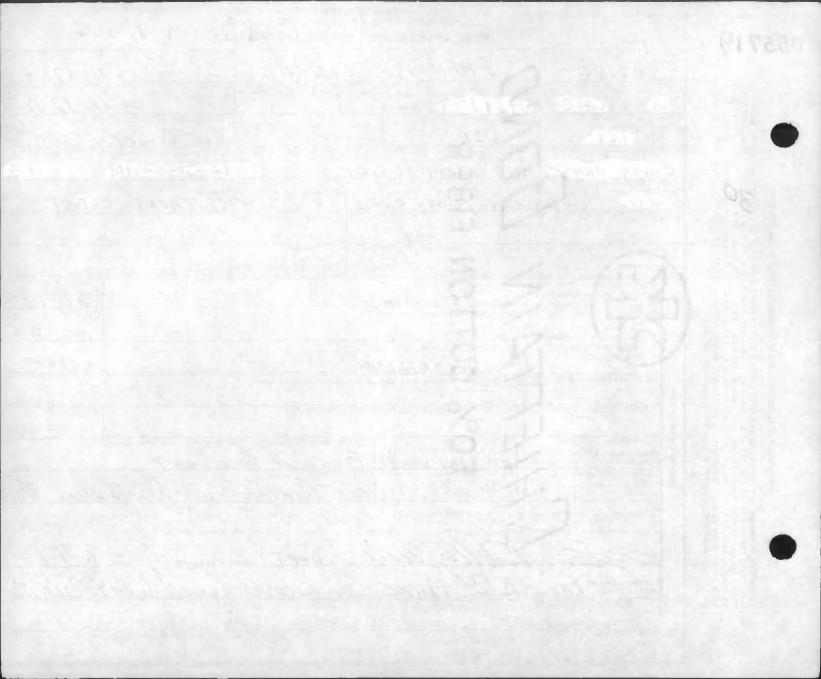
PRANCIS GASCH'S SONS FUNERAL HOME, P. A PARTICLE OF REGISTRAR'S SIGNATURE

1739 Baltimore Ave. Hyattsville Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME Irving Francis TO DATE KNOWN TO Conrad LIVEE OF PRINT OUR FILES. N 72 HOURS ON STREET, DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Male DEAD 11,1902 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED GOMBRY County MD Tllinois DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Chevy Chase Sales engineer General Electric SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 20815 136 COUNTY 134 INSIDE CITYLCIMITS? 13e STREET ADDRESS COURT Maryland YES NO T IS MOTHER'S MAIDEN NAME FIRST Mathias H. Conrad Minnie Charlotte 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 14404 Pecan Drive IYES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Beverly C. Kendall, Rockville, MD 489-10-8416 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate MEDICAL EXAMINION OF AS A BURIAL - TRA cause (a) stating the underlying cause last EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL REB DEATH WITH THE STATE DEPARTMENTOF HEALTH AND MALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, 1 NBET PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IL 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING GOR TOUN CONTRIBUTING CAUSE OF DEATH ASSINBRU IE PLACE OF INJURY STREET, FACTORY, FARM, ETC) WHILE NOT WHILE AT WORK ItO ME 220 I certify that I took charge of the remains described above, held an and in my apinian Suicide L death resulted from Hamicide ___ Undetermined manner SIGNED EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 6-2-87 Metropolitan Crematory Cremation Alexandria, Virginia 07/84 24 FUNERAL DIRECTOR 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Richard Rappies Inc. **DHMH** - 17 (VR A15 ME (5)) P. O. Box 43352, Washington, DC 20010



发送	1-	FOR ITEM 6, Film of STATE par FH SB	g-628 6-24-87 DEP	STATE OF MARY	MENTAL HYGIEN	18 /	1 / 6	5 6
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in and cor. Poges 1		VAS DECEASED EVER IN U.S. ARV	MED FORCES? 166 SOCIAL SWAP OF DATES! 2 19-	SECURITY NO. 17 INFORM 34-8907 MAY	y Copela	nd (SISTE)	17642 F 6 burs	LArchment Md. 2087
ST., BALT	1	18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED IMMEDIAT		PIAC ARRES	+		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
W. PRESTON The deoth c. by the attendin size remove cort cremation, or		Conditions, if any, which gave rise to immediate couse to storing the underlying couse last	DUE TO, OR AS A CONS DUE TO, OR AS A CONS	olic CARDI	отчор	Athy		
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LL RECORDS he low required. has been six thermal The ene prior to ows ony injury	CERTIFICATION	190 DATE OF OPERATION		HISH OPERATION WAS PERF	ORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
OF VITA SICIAN TI Gentificate certificate riol-tronsi		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		DAY YEAR		ENTER NATURE OF INJUR	Y IN ITEM IS PART OR P	ART 2}
DIVISION NG PHYSI When this ce os the burn thood Mee	MEDICAL	WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OF		ET	CITY OF TOW		
ATTENDI ospital as ECTOR. A d for use of Heal		220. I certify that (I) (this haspit saw the deceased alive as above, (I) (we) did (did not 22b. SIGNATURE	al) attended the deceased from the body ofter death.		19 8 7	th occurred on the do	te and haur and fro	that (I) (we) last om the causes stated
SPITAL OR DIR IN NERAL DIR be detoche e State Dep		Bugon	20 July	mD	PHYSICIAN TO	MEDICAL STAF	AND J	UNE 13, 1987
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State	730 5	GREGORY F	1. Fisher	23c NAME OF CEMETERY OR	ROCKVI	11e, Mal	30850	
BP		SPECIFY) Burial		Brooke Gro	ve Cem.	Laytonsv		
DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR		Washington	25° JUN	2 2 1987	Sh SEGISTRAR'S SI	GNATURE

till street in till englige i samt er om er omet mers street i general	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME DATE KNOWN TYPE OR PRINT) ESTI-VOUR FILES. NOUR FILES. IN 72 HOURS RICE MARJORIE COREY DEATH MATED 6 18 5 DATE OF BIRTH 9:03 P M IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE White. Mar. 23. 1919 PRONOUNCED DEAD 19 87 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Montgomery County II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Suburban Hospital Homemaker. Bethesda 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montg. Gaithersburg YES Chadburn Pl. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Harold Butler. Emma Rice. 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Carole Sansone. No. 215-20-3455 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c.) PART I DEATH WAS CAUSED BY MAN FOLIATE CAUSE (g) Closed head injury with complications TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHING THE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL INTERACE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRAILST REPEARED BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BAYTMONE, MARYLAND, 31201 PRIOR TO BURIAL, CREMATION, OR REMO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 9:25 4-3-Driver of auto/auto collision. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY FARM ETC) WHILE NOT WHILE WHILE Apple Ridge &, Gaithersburg, Montgomery road Darlinton Rds 22a I certily that I took charge of the remains described above, held an Accident X death resulted from: Notural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Deputy Chiefpical Examines 6-19-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 6-22-1987 Ft. Lincoln Brentwood, Co. Md. 07 84 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Takoma Funeral Home **DHMH - 17** Carroll St. N. W. (VR A15 ME (5))

SERVICE CONTRACTOR AND ASSESSMENT and the second second .melgu - blevell T. of . F . C. continued alcount . July TECL . Co. only and frame and the

	STA	TE O	F M.	ARYL	AND		
EPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CI	PTI	FIC	ATE	OF	DEATH		

CEKTIFICATE OF DE

ATH	REG. NO.	/	O	100	-
	20. DATE OF DEATH MONTH	OAY	YEAR	26 HOL	JR
/	061	4	87	010:	35
	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	PIYEAR	IF UNDER	74 HRS
1893	93 YRS	MONIAS	DAYS	HOURS	MIN

					REG. NO.		41
I DECEASED NAME FIRST	٨	AIDDLE	0	ASI	20. DATE OF DEATH MONTH	OAY YEAR	2b HOUR
Isaac		V,	(0)	incoll	0/	111.87	01025
4 000	DACE	Y	Tr ours	113011	6 AGE (IN YEARS LAST BIRTHOAY)	70	10000
1 SEX	RACE		5 DATE C	T DAY YEAR	B AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	
MALE	WIHI	TE_	DEC	E. 30, 1893	93 YR		MOUNS MI
THE BIRTHPLACE CHANGE OFFICE OF	CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY OR COUN	NTY OF DEATH	
TOWA	4 .	S. A	WIDOWE		MeN TEOM	ERY	,
TE CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS C
Takoma Parke	Vach	Creditive STREET	ADORESS)	antist Hop.	ORDAINED MINIST		EREYMA
		GIVE PSIDENCE BEFOR					24017
IJu STATE 13b COUNT		13c CITY OR TOW	72	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		10110
MD MONTO	-oneky	TAKOM	PACE	YES NO	7400 CARRO	LL TUCH	195
IL FATHER'S NAME	/			15 MOTHER'S MAIDEN NA	ME		
JAMES	OOLE	OUNSELL		KATE-NEVIL	LLE SMITH,	LA	Sī
160 WAS DECEASED EVER IN U.S. ARM		166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDRESS	,	
(YES, NO OR INKNOWN) (IF YES, GIVE	WAR OR DATES)	215-36-1	5077	WYMAN WAEE	ER, 6840 ENTERN	AVE. N. N.	200
18 CAUSE OF DEATH (Enter only	ane cause per	line far (a), (b), an	dic			APPROX BETWEEN	XIMATE INTERVAL
PART I. DEATH WAS CAUSED		Card		movery a	west		30 min
IMMEDIATE				<	, 41		70
	DUE TO, OF	AS A CONSEQUE		^ "			2.1. 0
Canditions, if any, which	((b)	MyD	oten	18cm			of urs.
gave rise to immediate cause (a), stating the	}	I Donald		, ,		/	2/-
underlying cause last.	DUE TO, OF	AS A CONSTOU	and the same of th	112010		1	d urs
/ 5	(, ,)	Sent	C. X	W CVC			

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES NO	YES	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	
216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

June 11 une 220 I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinion death accurred an the date and have and fram the causes stated

saw the deceased are on (a - 13 abave (1) we) (did) (did na), view the bady after death. DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF

THE PHYSICIAN'S NAME

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL CREMATION, REMOVAL 23b. DATE

2601 23¢ NAME OF CEMETERY OR CREMATORY

Riggs Rd. P. G.

(VRA 15, 4)

Burial

CERTIFICATION

MEDICAL

00 8 shows

morked or Item.

PORTANT: If Item 21 is

FOR - STATE

> George Washington Takoma Funeral

STRAR 256. REGISTRAR'S SIGNATURE Home

DHMH - 16 60M 7/84

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REGISTRAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (aur) apinian death occurred an the date and haur and fram the causes stated DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

IN CINE OF EUSINESS OR

IF UNDER ! YEAR

Car. 3-9-92 92 White D.C. - I - 1 3780 Wide Here All W A BENEFIT OF THE SHAW BUTTON TO BE SEE TO BE Busines Invaligate Course for Com Juneary Fro Mon Land of the Paris Land of the State of House

1				STATI	E OF MARYLAND			
	,	FOR	DE	PARTMENT OF H	EALTH AND MENTAL HYGI	IENE	1 1 3	6
J		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	3 1 0	0 0
-	1 DEC	CEASED NAME FIRST	MIDDLE	l l	AST		MONTH DAY YEAR	26 HOUR
	(TYPE	Gerald	Conrad	Cumb	erland	6/26/87		930 0 1
	3 SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BE	RIHDAY) IF UNDER LYEA	R IF UNDER 24 HR
		male	White	JULI		47	YRS VAIS	HOURS MIN.
1		STHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COU	INTRY?	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
0		Louisiana	USA	WIDOWE		MONTS	omery	MD
2	1 .	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	DE WORKING LIFE) INDUSTRY	
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4	Name and Address of the Owner, where	ryland Monto	Joinery Keris	chylon	15 MOTHER'S MAIDEN NAM	11114 Dew	nd, z	0195
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1	14		VE WAR OR DATEST	1-54-2090	17 INFORMANT	San		
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		18 CAUSE OF DEATH Enter of	nly ane cause per line for ia .	. Ib . ond ic	11. 11			NONSET AND DEATH
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			DUE TO, OR AS A CON	NSFOLIENCE OF				
		Conditions, if any, which	((b)					
		gave rise to immediate couse (a), stoting the)					
8		underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF				
		DART O OTHER SIGNIES AND	(5)	IC TO BE ATU BUT	NOT BELLIES TO THE TERM	had been an an an		
	z	PART 2 OTHER SIGNIFICANT	TONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT KELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10
_	CERTIFICATION	IN- DATE OF OBSERVIORS	196 CONDITION FOR	WHICH OBERATIO	NI WAS DERECORATED	20a AUTOPSY?	20b. IF YES, WERE FIND	INICC UCED
1	ICA	190 DATE OF OPERATION	Brain Sic	orsy an	d insertion	ZUG AUTOPST	IN CERTIFYING CAUSE	S OF DEATH?
\times	RTI	5/21/87	06	Resevoi	1 -	YES NO	YES	NO 🗆
0	CE	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY.	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	2	AT WORK NOT WHILE			No. 1911			
		22a I certify that (I) (this hosp					26 19 87	, that (I) (we) last
		saw the deceased alive ar	at view the body after death	19 <u>87</u> ar	nd that in (my) (aur) apinian d	leath occurred on the d	ate and have and from the	e couses stated
		22b. SIGNATURE	I view me dody differ dedin	l e	DEGREE			E SIGNED
		Werley -	B. man	- M.	ATTENDING PHYSICIAN D	MEDICAL STA	FF 6/2	6/87
1		27d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PATSIC	JAN	0101
/		Wesley B	. Mason	M.D.	10500 Suv	nmit A	re, Kensin	15ton, M1
-	23e B	URIAL, CREMATION, REMOVAL	. 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		burial burial	July 1, 198	7 Gate a	Heaven	Silver S	prina Mont	MD
0.4	24 FL	INERAL DIRECTOR Franci	s J. Collins,		25a U 4 JE	RECO BY REGISTRAR		TURE
84	500	University Bl	ud W Silver		MD 20901	1987	Julia Divideon:	Randons
	المناس	LIMINE STATE OF	vue of silver	Jording. 1			·	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item-18 shares

				STATE OF MARYLAND		
		FOR	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE SI 7	7 5 6 1
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7 0 0 1
939	1 05	EASED NAME FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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poge 3		Margar	et H.	(VAin	(0/10/8/	6 M
e d e	3 SEX	- 0 4	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
s of s		FEMALE	WHITE	2 13 99	YRS.	
13/11/	7a B1		CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1/4-186		OUNTRY TO	LISA	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOM	EPV Co.
WELL TO	10. (1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSIN		12g USUAL OCCUPATION	12b. KIND OF BUSINESS OR
M 記 望入	10 0	- 11-6-2	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESSI 1/2014 CTR	(TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY
13 10	151	THESDA	GROWENOR LIT	THE MEHALL CAKE	CASHIER	HOSPITAL
11 6	USU/	TATE 136 COUNT	TY 13c. CITY OR TOW	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	DE /
「香 原音 ス			GOMERY RICKVILL		4807 BOILING	
42		THER'S NAME		15. MOTHER'S MAIDEN NA		
19 6	1000	LAWRENCE	DDIE LAST	FIRST	MIDDLE	(UNKNOWN)
	16- 11	AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU		ADDRESS	(UNRNOWN)
1		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		W-11 - 1	16
6 0.00		NO NO	ONE 579-03	-0962 EVERYN M. 1	KONNEDY (DANGSTE	
3 // 1/18		18 CAUSE OF DEATH (Enter only	one couse per line for 101, (b), gn	dict	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE IO) CAIDI	ATTES PATEROOMING	7	
5 4 5 Y		IMMEDIATE		1		
endii n, or moti		6 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	DUE TO, OR AS A CONSEQUE	ENCE OF		
otio trou		Conditions, if ony, which gove rise to immediate	(p)			
the rem		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	T NISEASE		
d by leose iol, cr or oth		Olderlying coose lost.	(c) / F4F	1 Mile Kin		
gne buri	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110.
The The	CERTIFICATION					
be be	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
hos bes	TIFE					ES NO
ysiciar icote h ronsit p Hygier 18 shov	OK I	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Phy Phy		OR CONTRIBUTING CAUSE OF DEATH				
Aeni	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
the but	MEC		(AT HOME, STREET FACTORY, OFFICE, F		CITY OF TOWN	COUNTY STATE
of the state of th		AT WORK AT WORK	1	0		07
s m s		220.1 certify that (1) (this hospital		10 16	10 0 70	, 19 that (1) (we) lost
of H of H		sow the deceased alive on above, (I) (we) (did) (did not)	view the body after death.	ond that in (my (our) ppinion	death occurred on the date and ho	our and from the couses stated
REG Ped		226. SIGNAPURE	1	DEGREE		22c. DATE SIGNED
the he to the he to the he he to the he h		Viluo 1	1. Amus	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6-10:87
by the by the by the by the best of be deto State		224 PHYSICIAN'S NAME (1198 OR	DOINT)	22e ADDRESS		2 12 1/2
FUNER PURCH PART PURCH PROPERTY PORTAN		044.2 114			Ady Grove Rd #2	of Rochoulle
		111/10/11/11/1	SUMMIZIZ	19 229 11	19 9 6100 - 101 9 8	MD 20840
o € 5 € ₹ ₹ 1		URIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAN	JUNE 13, 1987 1	MT. OLIVET COMETERI	4 WASHINGTON 1	D.C.
	24. FI	INERAL DIRECTOR	1		E REC'D. BY REGISTRAR 256. REGIS	
MH - 16 50M 4/83 (VRA 15, 4)	01	NAME S. J. S. J.	CADDRESS	Could MA JUN	1 17 1007 Alia A	widon Rudalla
(VKA 15, 4)	Ch	hmbers hurann	- HOME - SIWELL	STICKE, IIID, WOLL	1 1/ 178/ 1/200 %	



STATE OF MARYLAND

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	1	FOR STATE	DEF	PARTMENT OF HEALTH A		E 8 7	171	5 6 2
11		REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
77		CEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH M	ONTH DAT YEAR	2b. HOUR
	TYRE	Freder	W H	Dahl		37	nr. 2419	87 11'45 M
	3 SEX		1 RACE	5 DATE OF BIRTH	6 A	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 45	FAR IF UNDER 24 HR
		1. 0 0	Gall Co Cita in	MONTH D	DAY YEAR	-a	MONTH DA	ITS HOURS M.N.
	7	male ME OR FOREIGN	Caucasia V		1 1908	BALTIMORE CITY OR	YRS COUNTY OF DEATH	
2	10. 59	THE UR FOREIGN	The CHIZEN OF WHAT COUR	MARRIED NE	VER MARRIED	14 (
2		Virginia	U.S.A.	WIDOWED [DIVORCED .		omery	MD
2	III. CI	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OR OTHER ESTREET ADDRESS)	RINSTITUTION 120	RE OF WORK FOR MOST OF	N 126 KINE WORKING LIFE INDUSTI	D OF BUSINESS OR
70	B	ockulle	National	Lutheran	Home +	orestvy	sevu.	_
	APS U.A.			E BEFORE ADMISSION) R TOWN 130 INS	IDE CITY LIMITS? 13e.	STREET ADDRESS / :	719 CODE	
5	-	Hd Mh	st Silve	V Spring YES 1		nac Stir	1. 01	20001
	14 FA	THER'S NAME			HER'S MAIDEN NAME	0-0-011.	The Re-	
0	0	11 1000	MIDOLE LA	ST .	FIRST	MIDDLE	01	LAST L
1.5	14- 10	AS DECEMBER IN U.S. AR	MED FORCES? 16h SOCIAL	L SECURITY NO 17 INFO	Maud	ADDRES	C10	ave
			VE WAR OR DATES		. Raymond	_1406	Berna	
		NO	1217-	36-7467 Mr	· Naymona	Dani		e, Md.
	. 1	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly ane cause per lipe for a . (b, and 6	11	0 -	BETWE	EN ONSET AND DEATH
			TE CAUSE a)	cinon	un of t	rosea	CU -	no
			DUE TO, OR AS A CON	SEQUENCE OF	1 11			
		Conditions, if ony, which	(b)	with	h wholas	aldel	TO	
	31	gave rise to immediate cause to stating the	DUE TO, OR AS A CON	SECULENCE OF	0			
		underlying cause last	DOE TO, OK AS A CON	A.	rond			
3.1	-	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	G TO DEATH BUTANOT REL	ATED TO THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN PART	10
-	Z	90	not all	1-00	~ · ·	CONDENSE ON COND.		
	CERTIFICATION	190 DATE OF OPERATION	THE CONDITION FOR W	HICH OPERATION WAS P	EREORMED 2	200 AUTOPSY?	206 IF YES, WERE FIN	DINGS USED
2	FIC		To Manual State of St			A.4	IN CERTIFYING CAUS	SES OF DEATH?
_	RTI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	1216 HO	W INJURY OCCURRED	res NO	YES _	№ □
3		OR CONTRIBUTING CAUSE OF DEA	LICHE A M. MONITI	H DAY YEAR	W IIAJOKI OCCORKED	FINISH MAILINE OF IMPURA	NIEM IS PART I ORRART.	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
	4ED	214 INJURY OCCURRED	21e PLACE OF INJURY		STREET	CITY OR FOWE	COUNTY	STATE
	~	AT WORK AT WORK		h h	11	0	- 11 A	_
		22a.1 certify that (1) (this hospi	ital lattended the deceased	fram Ock.	1 19 82	10 June	2/19 8	that 1) (we) last
м		saw the deceosed alive an above, (1) (we) (did) (did) and	at view the back of ter death.	19 7, and that in	(my) our opinion death	h accurred on the date	and haur and fram t	the causes stated
		22b. SIGNATURE	Tylew the budy offer death.	DEGREE			22c. D.A	ATE SIGNED
		1 00 1	4/1-	n (1)		EDICAL STAFF		20-12
		270. PHYSICIAN'S NAME ITYPE O	DR PRIVI	72e AD		RECTOR PHYSICIA		Zh U
ы		MARRID	EMY	nally cos	1/2-9/4	OF AL	7 1.	# 11
1		MINKUCU	- 1 -	-M/V/173	02-2018	#-14-	seme	20010
N/		URIAL, CREMATION REMOVAL		230 NAME OF CEMETERY	OR CREMATORY 2	23d LOCATION CITY OR TOWN	COUNTY	入フトO7
		Removal	6-24-87					/
	24 FU	INERAL DIRECTOR			250 DATE REC	CD. BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

State Anatomy Board

Balto., Md.

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

the Kurling Party of Jack and Jack to the State of the s FUNDS TO THE TOTAL TO SEE THE SECOND SECOND

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Male 70 BIRTHPLACE THATE OR F Maryland O CITY OR TOWN OF DEA Gaithersbur

USUAL RESIDENCE (# NURS Maryland 4 FATHER'S NAME

Remus 60 WAS DECEASED EVER (YES, NO OR UNKNOWN) No 18 CAUSE OF DEATH PART I. DEATH W

> Conditions, if any, gove rise to imm couse (o), stating

> underlying couse

PART 2. OTHER SIGN

190 DATE OF OPERAT

21a ACCIDENT WAS UND OR CONTRIBUTING

(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR

220.1 certify that (1)

224 PHYSICIAN'S NA

230 BURIAL, CREMATION, REMOVAL

By

226. SIGNATURE

Burial

CERTIFICATION

MEDICAL

3. SEX

R ATE GISTRAR		DEPARTM	ENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	0 /	G. NO.	7 6	6 3
SED NAME LAWY	ence	J. Jones	<i>I</i> _	DARB!	<u>r</u>	20 DATE OF DEA		4 87	3 AM
ale	4 RACE Whit	e	5 DATE C		1898	6 AGE (IN YEARS LA	AST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
PLACE INTATE OF FOREIGN (RY) Tyland	USA		WIDOWE		NORCED .		gomery	County,	MD.
thersburg	H. Wilso	OSPITAL, NURSING HEACILITY, GIVE STREET A ON HEALT	Car Car	0	nter	120 USUAL OCCU		FE) INDUSTRY	BUSINESS OR
	tgomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Gaithers	1	13d INSIDE C	NO 🗌		ess / zip cod ker Ave	e . 20	0877
R'S NAME FIRST Remus	R.	Darby			S MAIDEN NAM	MIDI	3.	Fowler	
DECEASED EVER IN U.S. A O OR UNKNOWN) (IF YES, C NO	ARMED FORCES? GIVE WAR OR DATES)	217-32-10		Nancy	y Darby				1d. 20878
CAUSE OF DEATH : Enter PART I, DEATH WAS CAUSE IMMEDI	only one couse per SED BY: ATE CAUSE (o)	Conchae a	- A					BETWEEN OF	NATE INTERVAL NSET AND DEATH
anditions, if any, which the rise to immediate use (a), stating the derlying cause lost	(b)	chromi con Chromi con AS A CONSEOUE	yethre NCE OF		ulura in duesar	ı		Month	2
A Labermus o	conditions co	Drebeter M		NOT RELATED) TO THE TERMI	INAL DISEASE OR	CONDITION GI	VEN IN PART 10	
DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CERT	S, WERE FINDING FYING CAUSES (ES []	
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF D FEITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNATURE O	8 MELL NI VRULNI F	PART OR PART 2)	
INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did	on 4/16	19.3	tra .	d that in (my)	(our) opinion d	, to6/1 leath occurred an t	he date and ha		hat (I) (we) last auses stated
SIGNATURE Byll D.	dronon-			770	ATTENDING PHYSICIAN		STAFF HYSICIAN []	224. DATE S	IGNED 187
PHYSICIAN'S NAME (TYPE Byrl D	- Johnson	M.D.		220 ADDRES		ell Ave.	Gaither	shurg. M	ſd.

23c. NAME OF CEMETERY OR CREMATORY

Monocacy

DHMH - 16 60M 7/B4

BP.

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR "Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

June 6,1987

Beallsville, Montgomery, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tistory Pandalls

23d LOCATION

6 11 97	THE STATE OF			
	- 5891, DL. A			
	Dantar.	n Mariik Caer	- MALE	
TATE AND AND APPLE				
20 miles and a sign of the second				
Brope Galviers une, Ed. El	versal special	85gr-ce-610		

(VRA 15, 4)

STATE OF MARYLAND

THE REPORT OF SHEETS SEE THE STORE OF CONTRACT ROWALLE TO THE STATE STATE THE STATE LEADING TO SERVE TO SERVE CONTRACTOR OF THE STATE OF THE THE RESERVE THE PROPERTY OF TH

05-615-0 JUN

STATE OF MARYLAND DEPARTA

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 /	G. NO.	0	Ó	7
LAST	20 DATE OF DEAT	н момтн	DAY	YEAR	2b HOU
DAVIES	JUNE	4. 198	37		4 4

VIRGINIA

JUN 9 1987 Julia Dender Parales

P	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE /	1 7	00	7
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	EMILY	MARIE	DAVI	ES	JUNE 4	1987		4 12 AM
3 :	SEX	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		INGER ! YEAR	IF UNDER 14 HRS
L	FEMALE	CAUCASIAN	MA		55	YRS.		
	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	F DEATH	
	ENNSYLVANIA	UNITED STATE:			MONTGOMERY			MD.
/I	BETHESDA	73 12 BURDETT	E"COURT		129 USUAL OCCUPATE (TYPE OF WORK FOR MOST O MANAGER		INDUSTRY	RONIC
1 1			OWN	13d INSIDE CITY LIMITS?	7312 BURDE		JRT / 20	0817
/D:	JOHN THEOL	OORE WISE		EMILY	ME		McHUGH	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO	17 INFORMANT	ADDRE	SS		
	(1F YES C	197-24-	-0846	WILLIAM RONA	LD DAVIES,	same	as 13e	
	Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSE		LACIDELATED TO JUST FEDERAL	HAN DISEASE OD COM			
Z		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PAKI I O	
LIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
CAL CERTIFI	OR CONTRIBUTING TO CAUSE OF D	ER) P.M.	DAY YEAR	21c. HOW INJURY OCCURR		Y IN ITEM TO PAR	1 (OR PART 2)	
MEDICAL	21d, INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN .	COUNTY	STATE
2	22a I certify that (I) (the how	De Service the bady after death.	C	nd that in (my) (a) apinian of DECHS IENDING IYSICIAN [X	, to July death occurred an the do	F	22c DATES	
	Horace W. Ben	nton, M.D.		4743 Bradley	Blvd. Chevy	Chase	Md.	20815
230	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY ON NATIONAL CE	23d LOCATION		COUNTY	IRGINIA

UNERAL HOME/BETHESDA-WISCONSTN AVE BETHESDA, MD 20814

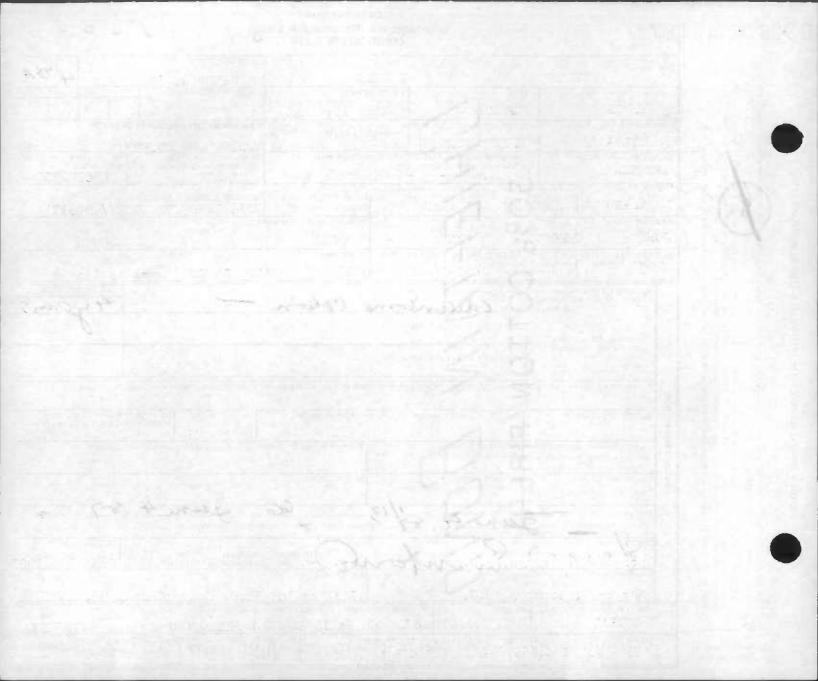
DHMH - 16 60M 7/84 (VRA 15, 4)

24 ROBERTREANOR PUMPHREY FUNERAL CHEVY CHASE INC. 7557 WISCON

TO HOSPITAL

BP.

MPORTANT: If Item 21 is marked at Item 185 haws any injury, at other traumatic events to



Bartwood Mem'1. Chapel Bartlett, Illinois

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE · CERTIFICATE OF DEATH

Davis 5 DATE OF BIRTH

NLO. IVO				
2a DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
June_30, 198	37		4:	30p
AGE (IN YEARS LAST BIRTHOAY)		R YEAR	IF UNDER	24 HR
83 YRS	MONIH	DAYS	HOURS	MIN

March 8, 1904 Female Caucasian TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

E.

United States WIDOWED DIVORCED [] NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery County

Waitress

176 KIND OF BUSINESS OR INDUSTRY Food Service

Potomac Valley Nursing Home Rockville Montgomery Rockville

15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 203 Woodland Road/20850

9 BALTIMORE CITY OR COUNTY OF DEATH

Maryland 4 FATHER'S NAME

Maryland

FOR 1 - STATE

3 SEX

REGISTRAR DECEASED NAME

Nicholas

Edwin Musgrove, Jr 166 SOCIAL SECURITY NO.

17 INFORMANT

Belle ADDRESS Milstead

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

Margaret

218-34-6542

Peggy L. Lane, same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for a , (b), and (c) PART I. DEATH WAS CAUSED BY 3 Days Myocardial InFarction IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Coronary Heart Disease Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse lot, stating the Senile Dementia

underlying couse last

190 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY

20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2

HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

WHILE NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OR TOWN

22a I certify that (1) (this haspital) attended the deceased from March
the deceased alive of June 30, the deceased alive

June 30. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

view the bady after death

ATTENDING

83

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

Joel A. Reiskin, M.D.

S NAME (TYPE OF PRINT)

50 W. Edmonston Drive Rockville, Md. 20852

23a BURIAL, CREMATION, REMOVAL (SPECIFY Burial

Potomac Methodist Church Cemetery

DEGREE

Potomac/Montgomery/Maryland

Puneral Director Robert A. Pumphrey Funeral Home/
NAME Rockville, Inc.

300 West Montgomery Avenue Rockville, Maryland

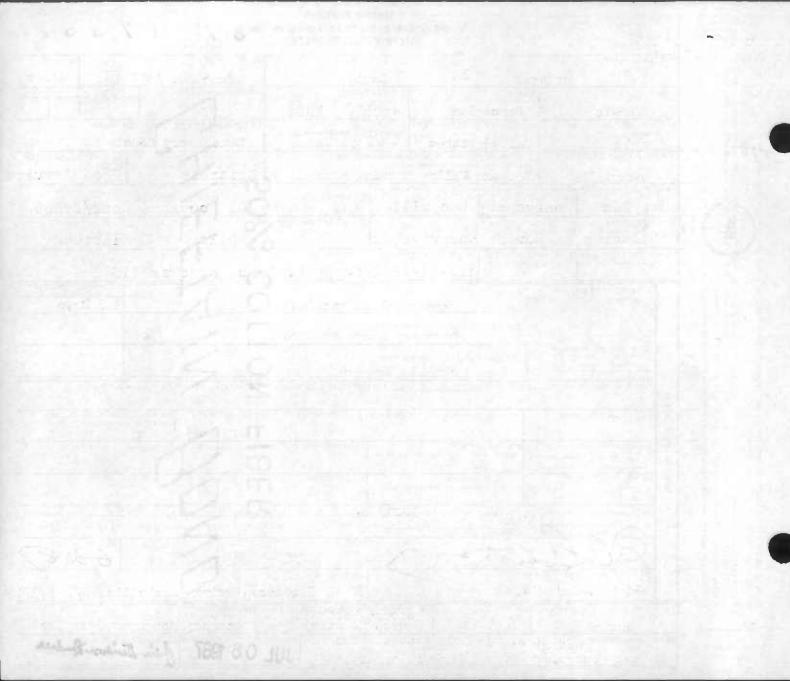
250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE ulia Dandoon Koos

DHMH - 16 60M 7/84 (VRA 15. 4)

BP

PORTANT:

and Mental H



STATE OF MARYLAND

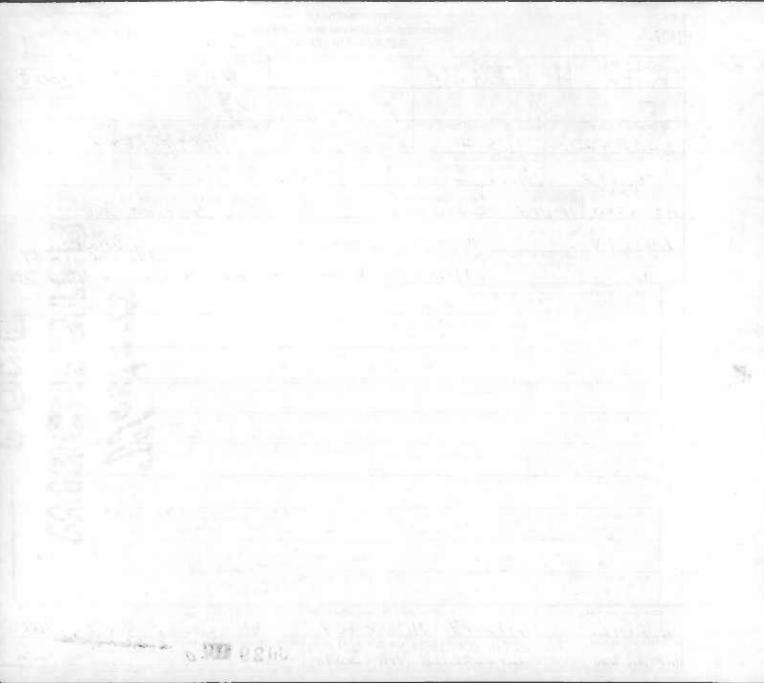
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CEKIII	ICAIE OF DEATH	REG. N	0.		
ı		EASED NAME FIRST	WIDDLE	Ī	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	The same	OPPRINT) + L	Davis			6-3	3-87	1 0	430 A
1	3 SEX	MIN III	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF UND	DER I YEAR IF	UNDER 24 HRS
1		1	1	MONTH	10.0	74	WOW.H	S DAYS HO	OURS MIN.
		<u> </u>		7	25 1912	//	YRS		
		RTHPLACE STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF D	EAIH	
		ARYLAND	U.S.A	WIDOWE			GOME	RY	MD.
	IA CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		NIND OF BI	USINESS OR
)	R	nekille	Shady (from	o. and	contist Hosp	HOUSEWI		DOJIKI	
		L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		The state of the s	A		1	400-
	130 S				13# INSIDE CITY LIMITS?	13e STREET ADDRESS		acx C	287/
	14 EA	THER'S NAME	UTG CLARKSB	UEG	15 MOTHER'S MAIDEN N		VEREST	MUE	
7	ITA	FIRST	MIDDLE		FIRST	MIDDLE	~	LAST	
-	1	ULLYN	100NG	*	STELLA			PARR	
		(AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	JRITY NO	17 INFORMANT	ADDR	ESS 3321	PAPRI.	KA CT
		11/1)	517-28-	11390	RUTH E. KI	ARRELL A	DAMSTOW	N.MI	21710
		18 CAUSE OF DEATH Enter of	nly one couse per line for 101, 161, or	nd ic				APPROXIMATI	E INTERVAL
		PART I. DEATH WAS CAUSI	ED BY		Alleit			20 ~	
		IMMEDIA	TE CAUSE (0)					_	
			DUE TO, OR AS A CONSEOU	ENCE OF	cal pulma	welr		541	
		Conditions, if ony, which gove rise to immediate	(b)						
		couse (o), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF	VI CUNG D.	10010		1041	
		underlying couse lost.	(c)	1776-11	0, 0009 0,	16.06			
	_ [PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ito	
	ō	060,1	4						
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER		
	Ē	The state of the s				YES T NOT	IN CERTIFYING YES		NO [
7	E.	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O		
		OR CONTRIBUTING CAUSE OF DE							
	9	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
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		AT WORK NOT WHILE AT WORK							
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		sow the deceased alive or obove. (I) (we) (did) (did no	ot) view the body ofter death.	87	nd that in (mx) (our) opinion	n death occurred on the d	ote and hour and	from the cou	ses stoted
		226 SIGNATURE			DEGREE		2	2c DATE SIG	NED
		Janah &	1. may		ATTENDING	MEDICAL STA	FF	6-23	3-87
7		224 PHYSICIAN'S NAME ITYPE			1	20 F1- deres		4213	
		Fronk	J. MAYO			ither burg,		0177	
		URIAL, CREMATION, REMOVAL	1 23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COU	NIY	STATE_
	B	URIAL	6-26-87 K	1000	EACY	BEALLSUI		W16.	m MD
	24 FU	INERAL DIRECTOR	22111 BEALLS	VILLE	RD 250 DA	TE REC'D BY DECISTRAR	256 REGISTA TO	ATURE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 stooms one injury, or either trial



8235 J		FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0.	7 6	6 9
		DECEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR
be 3 eath		TTPE OR PRINT)	VIC	TOR MA	NGET DAVI	S, JR		JUNE 23	1987		5:38 A
e po	3	SEX	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
Page 4 director	1	MALE.		CAUCA	STAN	MONTH	TEMBER 8 1925	61	YRS MC	NIHS DATS	MUUKS MIN.
	1/1	BIRTHPLACE ISTATE OR FOREIGN		THE CITIZEN OF WHAT COUNTRY? 18			9 BALTIMORE CITY O		F DEATH		
eath 72 n	7	GEORGIA		IMITED	STATES	WIDOWE	D NEVER MARRIED DIONORCED D	MONTGOMERY			MD
her dec within	10/11	CITY OR TOWN OF DE		I. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINE			
offe of the	1	BETHESDA	2	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED . U.S. NAVY			VIATE		
hours befill		SUAL RESIDENCE IF NUR			GIVE RESIDENCE BEFORE	ADMISSION)				0.3	NAVI
24 h filled ould b	13	SO STATE	13b COUNT		13c. CITY OR TOWN	7	13d INSIDE CITY LIMITS?	9411 LEE H		220	021
3 24 9		IRGINIA FATHER'S NAME	FAIR	FAA	FAIRFAX		IS MOTHER'S MAIDEN NAM		IGHWAY		031 /
mplete and 2	441	FIRST		ODIE DA	LAST		FIRST	MIDDLE		LAST	
Com Com	/ 4	was deceased ever	OR MAN			RITY NO	IT INFORMANT	BETH WARDLA		AAKI	
ex oo o	2	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)					TOTTOM 1	TTENNA S	
be be	1	YES		1940-1967 257-24-6929 LAURIE E. FORBES, 2316 CONCERT COURT, VIENNA						MATE INTERVAL	
physic on pape emaval		PART I. DEATH V	VAS CAUSED	BY.						BETWEEN	INSET AND DEATH
0 0	7		IMMEDIATE	CAUSE (0)_	MULTI OR	GAN_S	YSTEM FAILURE	/SEPSIS	-	-	
ath cendin endin n, ar matic				DUE TO, O	OR AS A CONSEQUE	NCE OF					
e de mayer antique e de		Conditions, if any gave rise to im	mediate	(b)_							
by the		couse (a), stati		DUE TO,	DR AS A CONSEQUE	NCE OF					
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signi signi ta bu ijury,			NIFICANT CO	NDITIONS	ON I RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
y in T	-	19a DATE OF OPERA	TIÓN	TIGH CONT	DITION FOR WHICH (OPERATIO	N WAS DEPENDANED	20a AUTOPSY?	Tank IE VES V	VERE FINDIN	CELISED
nos bermine permine prima	/	E ITAL DATE OF OTERA	11014	170 CON	on or which	DIERATIO	WASTERFORMED		IN CERTIFY I	NG CAUSES	OF DEATH?
The co	4	71a ACCIDENT WAS UN	DEBLYING	21h TIAAF (OF INJURY		21¢ HOW INJURY OCCURR	YES NO	YES	Hard Control	NO 🗌
physic physical infection of Hygen n 18 s		00.000.000.000.00		110110	.M. MONTH DA	Y YEAR	THE FIGURE OCCURR	LU LENTER NATURE OF INJUR	TY IN ITEM 18 PART	ORPART2)	
SICIA ing pl certit virial:t Aental	1	(IF EITHER NOTIFY MED 21d INJURY OCCUR			.M.	19	1914 LOCATION				
PHY tendin the bus the bus and M		21d INJURY OCCUR			OF INJURY TREET FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

TO FUNERAL DIRECTOR: AF MAY 87 JUNE 23 22a I certify that (1) (this hospital) attended the deceased from. that (I) (we) last sow the deceased alive on JUNE 23 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NAVAL HOSPITAL BETHESDA, MD 20814-5011 P. DOLAN, LT, MC, USNR 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL CITY OR TOWN ARLINGTON, VA. Jun29, 87 ARLINGTON NATIONAL 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 NAME (VRA 15, 4) 171 W.Maple Ave. Vienna

Che miles TIT 17 SH-142 / 3

56149 Jul	D-SPATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 8 7 1 7 5 7 U			
3 76	LOCCEASED NAME	HELEN	DILLON	JUNE 6, 1987 St. 50 N			
-	FEMALE	4 RACE WHITE	S. DATE OF BIRTH MONTH AUGUST 2,1902	84 YRS			
	MD.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY MD			
	ROCKVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET A 4717 BARTRAM S	ADDRESS]	120 USUAL OCCUPATION TYPE OF WORK PRY OF WORKING LIFE; INDUSTRY OWNER— CLEANER DRY CLEANING			
10/2	THE STATE THE COL	R NSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOWN ROCKVILL	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4717 Bartram St. 20853			
THE STATE OF THE S	ROBERT PERC	SOPER S	SR. MARY VI	RGINIA BENSON LAST			
MORE,	160 WAS DECEASED EVER IN U.S. A		TOTO Harran St.				
physics physics may of	PART I. DEATH WAS CAUS	nly one couse per line for a bonce ED BY	Dexis	BETWENDER AND DEATH			

PART I. DEATH WAS CAUSED 8 IMMEDIATE C	as Ved all	KU		(one
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	slowans	3 ~>	2 m
gave rise to immediate cause of interesting cause last.	DUE TO, OR AS A ON SOUENCE OF		meren	30x
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO HE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART
THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
7) ACCIDENT WAS UNDERSTOND	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 8 PART OR PART.
THE INCURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
22a certify that (h (this haspital)	ottended the deceosed from		deoth occurred on the dot	e and hour and from the couses stated
The Man	Arbend Jens A	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	an GOET
THE PHINEICIAN'S NAME (THE OR PR	INI)	22e ADDRESS	1, 1, 16	120/11

230 NAME OF CEMETERY OR CREMATORY ST. JOHN'S

DHMH - 16 60M 7/84 (VRA 15, 4)

MURIEL H. BARBER LAYTONSVILLE, MD. 20879

JUNE 9,1987

13% BURIAL CREMATION, REMOVAL

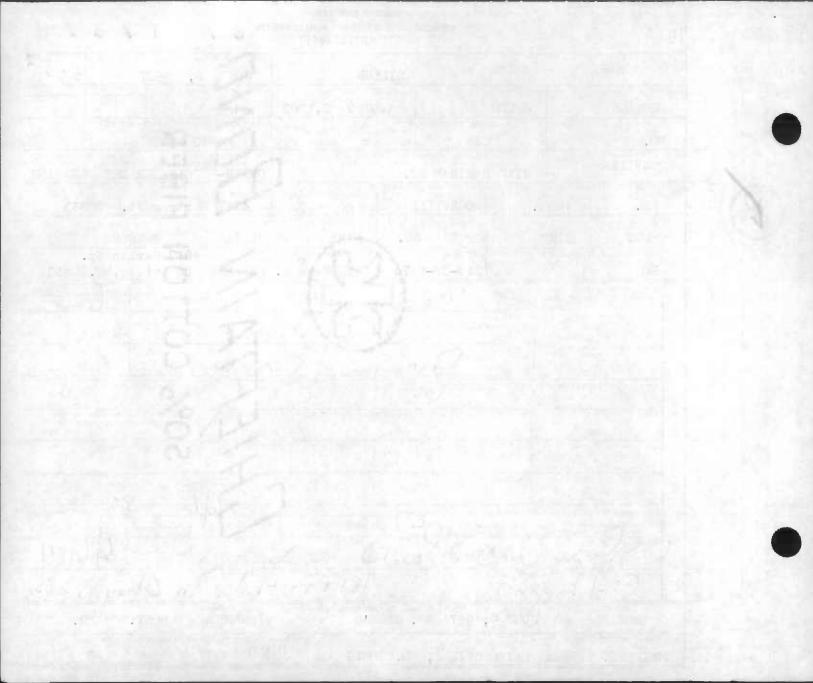
74 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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MD.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE. MARYLAND 21701	÷ .	plec
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cuttification received within a little and in the haspital as attending physician	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending principle and controlled life of the should be detached for use as the burial-transit permit. Then please remove carlimit interpretable for use as the burial-transit permit. Then please remove carlimit into the state Dept. of Health and Mental Hygiene prior to burial, cremation, or improve

7105 88	1, -	FOR STATE REGISTRAR		DEPARTA	NENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 /		7 5	11
		CEASED NAME FIRST		MIDDLE		EAST.		MONTH DAT	YEAR	2b HOUR
ge 3 eoth	LIANE	PEGG	4	J. D	oug	gherty		6-10	-87	11:30A.
mo)	3 SEX	-	4 RACE			OF BIRTH	& AGE IN YEARS LAST BIR	THOAY)	NDER I FEAR	IF NUERZEAR
3 15 /		Female	Cauc		Fe	b. 8 1936.	51 yrs	YRS		
in/20	N	OUNTRY Carolina	U.S	76 CITIZEN OF WHAT COUNTRY? AMARRIED MEVER MARRIE WIDOWED DIVORCE						MD
1100		nevy Chase	UE NOT IN SU	HOSPITAL, NURSIN CHEACHTY GIVE STREET Western A	ODRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATE ITYPE OF WORK FOR MOST O Senior Se		U.S.	Govt.
1135	13a S	AL RESIDENCE IF NUR ING HOME TATE 136 CO		13c CITY OR TOWN	V	13d INSIDE CITY LIMITS? YES [NO]	130 STREET ADDRESS 7008 West	ZIP CODE ern Ave		20815
1 34/10	14 FA	THER S NAME	WIDDLE	1457		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
1/10/10		Wm.	C.	Hicks,	Sr.	Joanna	-		Ruff	in
祖是了		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	ADDRE			- 22
1 特算		No	FE 040	227 46 4	757	Joseph E. Do	ougherty (h	usband)	same	as 13
100		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	anly ane cause pe SED BY	E SOFF		6 20 0 1	INCER		BETWEEN	NSET AND DEATH
quires that the death ci signed by the attending her please remaive cart to burial, cremation, or hipty, or ather traumotte	NO	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN	IN PART 1 a	
has been permit permit the prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES I	GS USED OF DEATH?
physicia printicate ol-tronsit ntal Hygie	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A	DEINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR			OR PART (
offending of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE FA	IRM ETC	211 LOCATION STREET	CITY OR TO	WN	OUNTY	STATE
TTENDIN pital or CTOR Affor use of for use of Health		270 Certify that (this haspital) attended the deceased from 10 19.85 to 19.87 that (we) last sow the deceased alive on 19.87 and that in (my) (our apinion death occurred an the date and hour and from the causes stated above, (f) (we) idid (did not view the bady after death.								
Y the hosy RAL DIREC detoched fote Dept		Daniel	Rose	M			MEDICAL STAF	IAN		0/87
O HOSPITAL Formed by the found be defined by the Store MAPORTANT:		DANIEL R	OSENBL			Kers	CONNEC SINGTON, N		AVR 2089	5
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION City OR LOWN:	Spring	DUNTY	MCL STATE
BP	74 FJ	Burial UNERAL DIRECTOR DeVo	6/13/	187 Ga L Home, In		Heaven Cem.	REC D. BY REGISTRAR	2010101010		
DHMH - 16 60M 7/84 (VRA 15, 4)	lo	Ant De Voc				., Wash.D. CJU		I SI NE GIŞTRAL	S SIGNATO	Landaelle

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4	FOR	DEDADT		MARYLAND TH AND MENTAL HYG	IPMP>	4	-9	7		
1 1	- STATE REGISTRAR	DEFARI		TE OF DEATH	REG. I	40.	/ 0	1 4.		
	ECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	Jean	Louise	Dou	UNS		6	14 87	IIA		
3 SI		4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST E	RTHDAY)	IF UNDER ! YEAR			
	Female	caucasian	MONTH 4	3 YEAR 28	59	YRS	MONTHS DAYS	HOURS MIN		
7a E	COUNTRYS	76 CITIZEN OF WHAT COUNTRY?	MARRIED C	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	YOFDEATH			
-	Pennsylvania	USA	WIDOWED		Montg	omery		1		
J. H.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSH		THER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS		
28	Silver Spring	Holy Cross Ho	* * D		Housewi	1	PE, INDUSTRI			
495		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		A LOUDE CATALANA TOO	Le CYDEST ADDRESS	/ 7/D COD				
The second second		ntgomery Wheat		INSIDE CITY LIMITS?	12426 Fe	ldon S	treet	20906		
14.F	ATHER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NA		1100				
	Kenneth	E. Honemann		Marion	MIDDLE		Sett	2011		
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT	URITY NO. 17	INFORMANT	ADD	RESS 1726	Pyrami			
		IVE WAR OR DATES)	2413	Richard H.	Downs C	olumbi		21044		
	no l			Menara II.	/ L	NOTHINITY	APPROX	CIMATE INTERVAL ONSET AND DEAT		
	PART I. DEATH WAS CAUS	enly one couse per line for 101, (b), or ED BY: WIE CAUSE (a) WWW.	/ /	not not	des		2 LA	DAY		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ENCE OF	Masjor	Jul Mille desi	east				
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	'AS PERFORMED	200 AUTOPSY? YES NOS	IN CERTI	S, WERE FINDE FYING CAUSES ES			
G. E.	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AV VEAD 21	HOW INJURY OCCUR	ED (ENTER NATURE OF IN.	URY IN ITEM 18	PART 1 OR PART 2)			
1 4	OR CONTRIBUTING CAUSE OF DE	AITI	19							
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR I	OWN	COUNTY	STATE		
₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE	FARM, ETC.)	21MEE1	CITOKI	0.010		31816		
- 15		entate offended the decepsed from.	VI VI	19-8/0		INE	19 87	that (I) (sweet)		
-69	sow the deceased alive a	13 JUNE 19	87, and th	of in (my) opinion	deoth occurred on the	date and has	ur and from the	couses stated		
	77% SIGNATURE	wiew the body after death?	/ DEC	ALEE.			22c. DATE	SIGNED		
	11/8/1/	KILL	MY	ATTENDING)	MEDICAL ST.	AFF	14	LUNES		
_	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22	e ADDRESS	LOWETTOK TT LAID	rises [7]	11/10	,		
	WHUER E-G	Sooth MD	2		IEU LUH	D WH	EHTU	N My		
230.	BURIAL, CREMATION, REMOVA	L 23b DATE 23c.	NAME OF CEME	TERY OR CREMATORY	23d LOCATION	777	COUNTY	STATE		
-	(SPECIFY) burial	June 17. 1987	Ft. Li	ncoln	Rhanturad	Du	COUNTY			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

retained by the haspital or attending physician.

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins, Jr. Jr. 500 University Blvd. W Silver Spring, MD 2090

June 17, 1987 Ft. Lincoln

Brentwood Pr Georges MD
250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUN 18 10R

AND ASSESSMENT OF THE PARTY OF	amont Table	

1 87	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8	REG. NO	7 5	13
	CEASED NAME	ELENE	DRE	it-uss	20 DATE OF	June 2	2,1987	26 HOUR 223 AM
3 SE.		4 RACE	3 DATE	OF BIRTH	6 AGE (IN Y	EARS LAST BIRTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
	temple	WHITE	MÂŶ	17 1912	75	YRS	DATS	MIN.
	RTHPLACE (STATE OR FORE		WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMO	RE CITY OR COUNTY	OFDEATH	
-	RMANY	u. s.	A. WIDOW	V-V		GOMERY COU		MD
SI	LVER SPRING	HOLY	HOSPITAL, NURSING HOME CHEACILITY GIVE STREET ADDRESS) CROSS HOSPITA			DCCUPATION 6 FOR MOST OF WORKING LIE R		E SHOP
13a S		COUNTY MONTGOMERS	131. CITY OR TOWN SILVER SPRI	134 INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZIP CODE 9 TENBROOK		20901
	ATHER'S NAME FIRST	WODIE	BUXBAUM	PAULINE	AME	WIDDLE	ROTHC	HILD
	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES]	100-16-7695	PATTI DRE		330°Ws 58t NEW YORK C	h STREE	
	Conditions, if any, w gave rise to immed cause (a), stating	MEDIATE CAUSE (o)	OR AS A CONSEQUENCE OF	en cscl.	on)	A STATE OF THE STA		
z	PART 2 OTHER SIGNIFI	CANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIV	EN IN PART 110	X7 -9
CERTIFICATION	190 DATE OF OPERATIO	N 196 CONE	ITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTO	PSY? 20b. IF YES	S, WERE FINDIN	GS USED OF DEATH? NO
	210 ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS LIFETHER NOTIFY MEDICAL	SE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c HOW INJURY OCCUR	RRED (ENTER NAT	TURE OF INJURY IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
M		10	19 87	and that in (my) (sur opinion	death accurred	d an the date and hau	r and from the c	
	226 SIGNATURE	berl 1	housel		MEDICAL DIRECTOR [STAFF PHYSICIAN	22c DATE	M/X)
	ROBERT KI	RAMER, M. E)	27e ADDRESS 10 3/3	3 Ge	engra	Goo 1	X/8%
23a 6	BURIAL, CREMATION, REA	MOVAL 23b. DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCA	TION	TO LOCATE OF THE PARTY OF THE P	CTAYS

DHMH - 16 60M 7/84

BP.

MPORTANT: If Item 21 is marked or Item 18

(VRA 15, 4)

BURTAL 6/23/1987

AUELPHI, PR. GEÖN MARYLAND

BY REGISTRAR SIGN FORE

DONALD MISSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

1770 ROCKVILLE PIKE; ROCKVILLE, MARVIAND

FOR

REGISTRAR

DECEASED NAME

BURIA

16-60/4 7/84

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ISRAEL CONG

REG. NO 20 DATE OF DEATH MONTH 2b HOUR IF UNDER YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR ADUATIC DIRECTOR N.W. 520012 (UNK) ADDRESSWASHINGTON D.C. 20012 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | STATE 22c. DATE SIGNED OXON HILL

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

-- m mantaran Mandarac

_2 FOR

DHMH 1 16 60M 7/84

1 - STATE

REGISTRAR

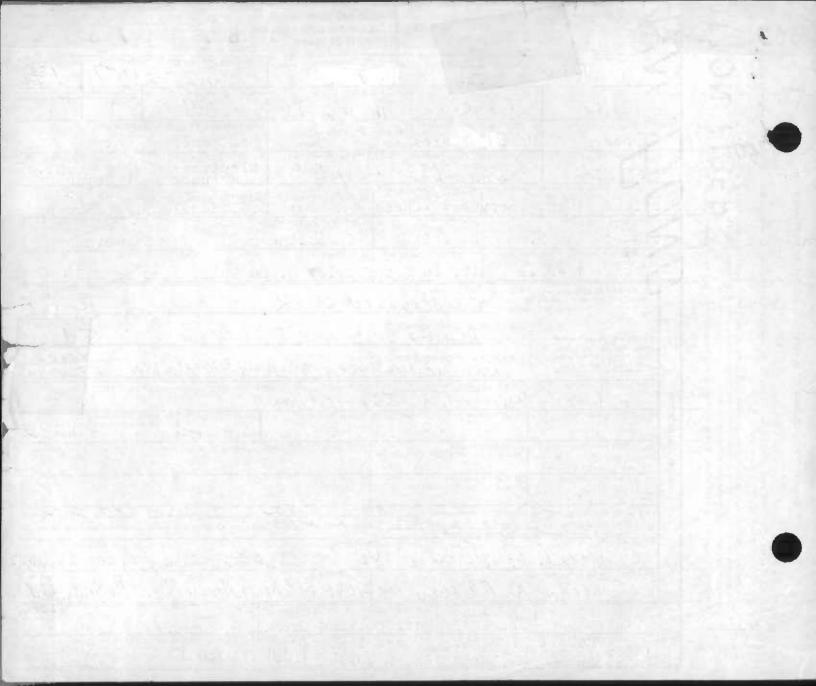
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	1				STAT	E OF MARYLAND				
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4		Kansas		United States	WIDOW	ED DIVORCED	Montgome	ry Co	ounty	MD
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-		cause (a), stating	he	DUE TO, OR AS A CONSEQUE	NCE OF A		1 0 4		1	Kears
0	1	underlying cause la	st	1 COTONARY AT	Lery D	i sease with Sevi	erely leduced t	at TVe	Vicolar	Fultion
> >		PART 2 OTHER SIGNIFIC	ANTICO	ONDITIONS CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	EN IN PART 1	a
5	O N	110	1	Myocardial	IU	farction	2.			
ony	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	, WERE FINDIN	VGS USED
SW -	Ē						YES NOT	YES		NO [
8	E E	210. ACCIDENT WAS UNDERLY		216. TIME OF INJURY	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PA	ART T OR PART 2)	
E 7	A.	OR CONTRIBUTING CAUSE		HOUR A.M. MONTH DA	Y YEAR					
/	MEDICAL	21d INJURY OCCURRED	-	21e PLACE OF INJURY		211 LOCATION			COUNTY	
	×	WHILE NOT WHILE		(AT HOME STREET, FACTORY, OFFICE F.	LRM, ETC]	STREET	CITY OR TO	VN.	COUNTY	STATE
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~		saw the deceased a	ive an	Tuno 26, 19 5		nd that w (my) (por) apinian		-		
E		abave, (ILLuet(did) (didnot	view the bady after death		DEGREE			22c DATE	
<u> </u>		The stote and the	017	Q // 1000	2 W	ATTENDING _	MEDICAL _ STAF		-	
2		22d. PHYSICIAN'S NAME	~ (1	Co. O come	9	PHYSICIAN 2	PHYSIC HYSIC	IAN	June	26,198
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≤	23a	BURIAL, CREMATION, REM	OVAL	236 DATE June 236 N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COLINITY	201/9
		Crematio		27, 1987 Me	trop	olitan Crem	. Alexani	dria	Virg	inia
7/84	24 F	UNERAL DIRECTOR OB	ert	A. Pumphrey F	uner	al Home 250 DAT	E REC'D. BY REGISTRAR	256. REGISTE	RAR'S SIGNAT	URE
//84	B	etneşda-Un	evv	chase. Inc.	MD	20814 1 10	L 0 1 1987	position of the	1 1-1-6	anga line
	H 3	5/ Wiscons		Ave. Béthesda	9 1111	41111	- 1001			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the retained by the haspital or attending physician.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) W. Earl Eades DEATH MATED 6-1-87 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Caucasian Nov. 22, Male DEAD 6 - 1 - 876:15P Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Virginia United States DIVORCED Montgomery County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 6508 Pilgrims Cove Naval Officer Rockville U.S. Navy USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 6508 Pilgrims Cove Maryland Montgomery Rockville YES X NO [20855 15. MOTHER'S MAIDEN NAME Davidson Bertie Eades Bernard 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. IYES, NO, OR UNKNOWN] 1939-1969 572-36-0496 Frances Eades same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL JAL - TRANSIT PERMIT. MENTAL HYGIENE, C DN, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Ruptured aortic aneurysm DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MRITING THE WORD "PENDING WRITING THE WORD "PENDING THE XAM! WARDED TO THE CHIEF MEDICAL EXAM! PAGE 3 SHOULD BE USED AS A BURIAL-T PAGE 3 SHOULD BE USED AS BURIAL-T AND MEN." PRICH TO BURIAL, CREMATION, O lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION chronic obstructive pulmonary disease 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YESXX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 211 LOCATION KECUTE THE CERTIFICATE, WRITH AGE 4 SHOULD BE FORWARDEL O FUNEARD INECTOR, PAGE 3 FIER DEATH, WITH THE STATE DE ATIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 CITY OR TOWN STATE WHILE AT WORK 228. I certify that I took charge of the remains described above, held an Inspection Notural causes X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 6 - 2 - 87SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS

07 84 25M **DHMH** - 17

(VR A15 ME (5))

PAGE PAGE

June 5.1987 Arlington National Cem.

(TYPE OR PRINT)

230 BURIAL CREMATION REMOVAL 236 DATE

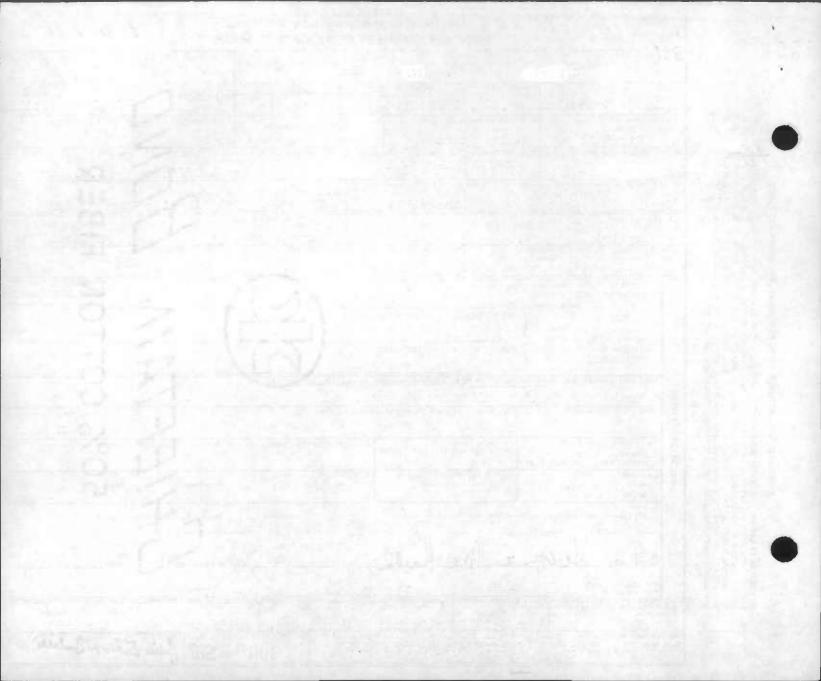
231 NAME OF CEMETERY OR CREMATORY

Penn Street 23d LOCATION

COUNTY Virginia

Buria1 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/ Inc. Rockville, Maryland 20850 RockWille.

Arlington 250 DATE REC'D. BY REGISTRAR 258



5	Ju	1-	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	1 7	0 / 8
h	3		CEASED NAME FIRST OR PRINT!	LEWIS EDWARD EARLY		LAST	JUNE 24 19		26 HOUR P 12:50 M
er death	5	3 SE)		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		
s after		MA	LE	CAUCASIAN	SEPT	EMBER 30 1923	63	YRS	BATS HOURS MIN.
la hour	70	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		76 CITIZEN OF WHAT COUNTRY	MARRIE	ED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
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filled in ould be must be	35	13a S	TATE 13b C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 13c. CITY OR TOWN NE ARUNDEL ANNAPO	VN	13d INSIDE CITY LIMITS? YES NO 🔣	13e STREET ADDRESS / 982 WOODLA		21401
and 2 sh	20	14 FA	THER'S NAME FIRST RALPH MCI	AINLEY EARLY		15 MOTHER'S MAIDEN NAME FIRST LUI	LA YOHN		LAST
las las			AS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	55 214	01
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ted by the property please removed to the price. Crecinity or ather removed to the property of			Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a) MAJJIGN DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	JENCE OF		INAL DISEASE OF CON	DITION GIVEN IN P.	API lia
hen hen to bu		Z	PART 2 OTTER SIGNIFICA	TALL COMPLICATIONS	DEATH BO	THO RELATED TO THE TERM	MAL DISEASE ON CON	DITION GIVEN IN FA	SKI IIG
has been permit T ane prior	T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE I	
rial-transit ental Hygie Item 18 sha		-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.M. MONTH	AY YEAR			RY IN ITEM 18 PART I OR PA	ART 2)
ter this os the but hand Me	1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN COUP	NTY STATE
for use of of Healt			saw the deceased aliv	naspital) attended the deceased fram. JUNE 24	MAY 87.	19 , 19 87 and that in (my) (aur) apinian		24 , 19 87 ate and haur and fra	
AL DIREC detached ate Dept 1T: If Item			22b. SIGNATURE ONL	es skemill	en	DEGREE	MEDICAL STAP	22c.	DATE SIGNED
o FUNER hould be comby outh the Stock		M	JAMES H	ERMILLER, LT, MC,	USNR		L HOSPITAL ESDA, MD 208	814-5011	

DHMH - 16 60M 7/84

etained by the haspital O HOSPITAL

BP

(VRA 15, 4)

24 FUNERAL DIRECTOR SEVERNA PARK, MD.

Burial

230 BURIAL, CREMATION, REMOVAL 236 DATE 6-29-1987

231 NAME OF CEMETERY OR CREMATORY MD. Veterans Cem.

21146

23d LOCATION
CHYORTOWN
Crownsville

Md.

A.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Sand de la Commonta de la Ele X ROBERT S. PAREMES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. NO.		0	1	3
(EHRLICH	6/19/P7	DAT	YEAR	25 401	F
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	RTEAR	IF UNDER	ZAHR
	March 15, 1903	84 YRS	MUN 1	DAY	HUURS	64 1
?	MARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR COUN				
	WIDOWED DIVORCED	Montgomery	Cour	ity,	,	A
N	S HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	125	KINDO	F RUSINI	ESSO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Holy Cross Hospital Silver Spring USUAL RESIDENCE 136 COUNTY

8 CAUSE OF DEATH Enter only one cause per line for a b and c

Montgamery

4 RACE

White

U.S.A. 1. NAME OF HOSPITAL NURS

TE CITIZEN OF WHAT COUNTRY

Silver Spring YES X IS MOTHER'S MAIDEN NAME

YEAR

19

13e STREET ADDRESS / ZIP CODE 10000 Brunswick Avenue

Self-Employed (Retl.)

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

(20910)WOLF

Produce

Nathan 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

15' A E OR FOREIGN

FOR

- STATE REGISTRAR DECEASED NAME

Male a BIRTHPLACE

Maryland

Yes

CERTIFICATION

MEDICAL

A FATHER'S NAME

Russia

CITY OR TOWN OF DEATH

3 SEX

Ehrlich 166 SOCIAL SECURITY NO 579-22-5041

Bertha

ADDRESS Potomac, Md. 20854 Stanley Ehrlich; Son; 12106 Bentridge Place;

DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause a, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEA
INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	ARM ETC)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOX 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 211 LOCATION

STATE

- 110/11	AT TOPE				
22a 1 certify	that (1) (this	haspital)	attended	the degeosed	from
sow the	deentilelho	ee on_		0117	190

and that in my lour DEGREE

pinion death occurred on the date and hour and from the causes stated

ı	ATAI ROLLEVALL	W,
Į	THE PHYSICIAN'S NAME (THE OLDERS)	. /.
	DN DOGENBAUNA	Al, D

22e ADDRESS

MEDICAL STAFF ATTENDING

23a BURIAL CREMATION, REMOVAL Burial

19n DATE OF OPERATION

6/22/87

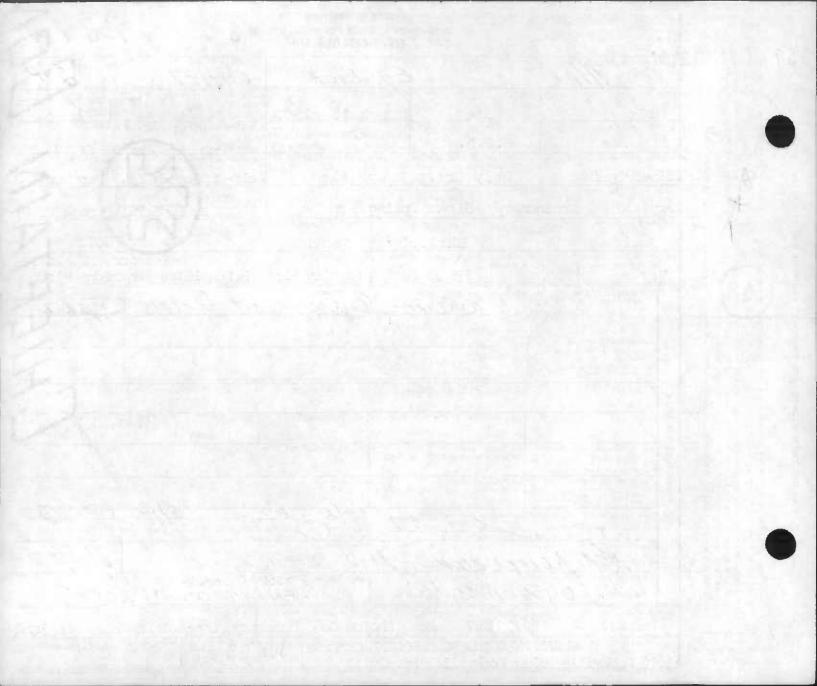
23t NAME OF CEMETERY OR CREMATORY

Beth Sholom Cong. Cemetery; Capitol Heights, Maryland

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT



no mu le		FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0 /	6. NO	7	Ó	8 6
		EASED NAME	FIRST	N	AIDDLE	AKA	"SW/PT	20 DATE OF DEAT	H MONTH	DAY	YEAR	3:15 A
3.	SEX	male	ONN	RACE		5. DATE C		6 AGE (IN YEARS LA!		IF UNDE	RIYEAR BAYS	IF UNDER 24 HRS
70 July 0 Day 10		THPLACE ISLATE OR FO	,	us	WHAT COUNTRY	MARRIEI	7	Montgom	ery	Y OF DE	ATH	MD.
8 10		. S .	тн 11		HEACHETY GIVE STRE		or other institution	120 USUAL OCCU		IFE) 12b	KIND OF USTRY	BUSINESSOR
19 S	3a S1	L RESIDENCE IN NURSIN	ISE COUNTY Mon	MER INSTITUTION	S.S.	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRE	ss/zipcod Beret	ELar	ne C	0906
50"		Roy	MIC	C	Eite.	1.	May PIRST	AME	IE.	S	Swif	t
medicol 16	(48	AS DECEASED EVER I	NUS ARME		166 SOCIAL SEC 539 44	3215	George Ei		ther)	Same	e as	13E
ar other troumatic event, t		Conditions, if ony, gove rise to imm couse (0), stofang underlying couse	which ediote the lost	DUE TO, OF	R AS A CONSEQ		e sproop				Just	ne .
×		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION G	VEN IN F	PARI 110	
any inju		PART 2 OTHER SIGN					NOT RELATED TO THE TER	20e AUTOPSY?	20b. IF YE	S, WERE	E FINDING	GS USED DF DEATH?
Item 18 shows any injury.	CERTIFICATION	190 DATE OF OPERAT 210. ACCIDENT WAS UNDO OR CONTRIBUTING	ERLYING AUSE OF DEATH	21b TIME O HOUR A.I	FINJURY M. MONTH M.	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO[20b. IF YE	ES, WERE	E FINDING	OF DEATH?
Item 18 shows any injury.	MEDICAL CERTIFICATION	190 DATE OF OPERAT 210. ACCIDENT WAS UNDIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORL NOTWHILE AT WORL	ERLYING AUSE OF DEATH ALEXAMINER) ED	21b, TIME O HOUR A./ 21e PLACE ((AT HOME STR	FINJURY M. MONTH M. DFINJURY EET FACTORY, OFFICI	DAY YEAR 19 E. FARM, ETC.)	214 HOW INJURY OCCU	200 AUTOPSY? YES NO RRED (ENTER NATURE OF	20b. IF YE IN CERT! Y INJURY IN ITEM IS	ES, WERE IFYING C ES PART I OR	E FINDING	OF DEATH?
oched for use as the burjoi-transit permit, then p. Dept of Health and Mental Hygiene prior to bur if them 21 is marked or them 18 shows any injury.	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDION OR CONTRIBUTING CHETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK SOW THE AT WORK SOW THE COSE OBOVE. IT I WE I CHE STORY IN THE COSE OBOVE. IT I WE I CHE STORY IN THE COSE OBOVE.	ERLYING AUSE OF DEATH ALEXAMINER) ED (this hospitol d olive on	19b. CONDI 21b TIME O HOUR A.I P.I 21e PLACE ((AT HOME STR)) ottended the	FINJURY M. MONTH M. DFINJURY OF INJURY OF IF FACTORY, OFFICE	DAY YEAR 19 E. FARM. ETC.)	211 LOCATION STREET 19 d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO CITY (CITY (To no deoth accurred on the control of the control of the control on th	20b. IF YE IN CERT. Y INJURY IN ITEM IS DO TOWN The date and ha	PART LOR	PART 2)	OF DEATH? NO STATE
vPORTANT: If them 21 is morked or them 18 shows any mis	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDID 21g. ACCIDENT WAS UNDID OR CONTRIBUTING C. (1 E EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK 22d Certify thought Sow the Deceose obove. [1] Even I d. 22d SHYSICIAN'S NA 22d SHYSICIAN'S NA	ERLYING AUSE OF DEATH ALEXAMINER) ED (this hospitol d) (cdd not); ME (TYPE OR P	19b. CONDI 21b TIME O HOUR A.I P.I 21e PLACE ((AT HOME STR)) ottended the	F INJURY M. MONTH M. OF INJURY EET FACTORY, OFFICE otter death.	DAY YEAR 19 E. FARM, ETC) M.	211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN 222 ADDRESS ATTENDING 224 ADDRESS ATTENDING 225 ADDRESS ATTENDING ATT	200 AUTOPSY? YES NO NO CITY OF THE PROPERTY O	20b. IF YE IN CERT. Y INJURY IN ITEM IS DO TOWN The date and ha	PART LOR	PART 2)	STATE STATE MO (we) lost ouses stoted
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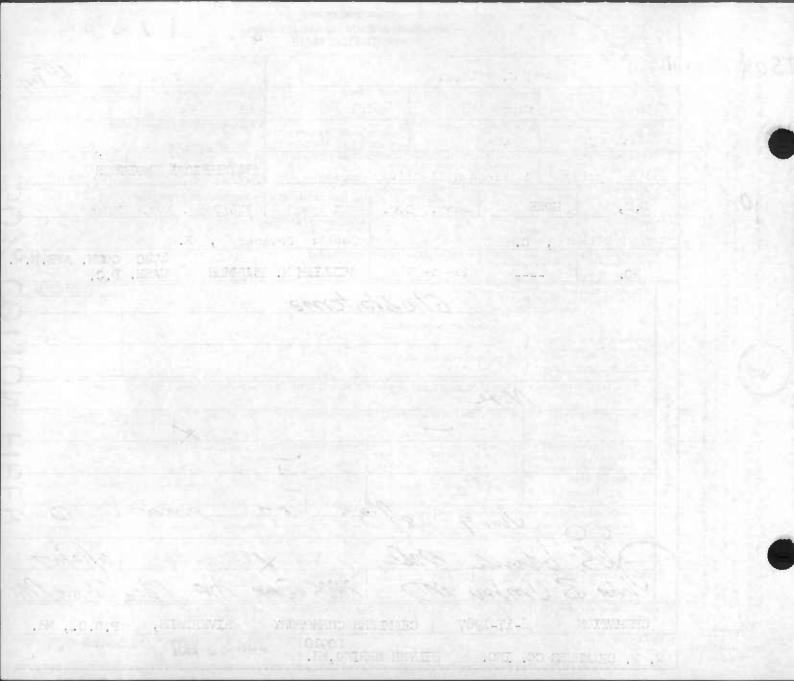
	FOR
-	STATE
	DECICTRAR

DEPA

1467	ATEOF	05.317	-		
CERTIFICATE OF DEATH		REG. NO.			
CERTIFICATE OF DEATH	-1	\$	9	-	
RTMENT OF HEALTH AND MENTAL HYGIENE	1		/	0	Ö
STATE OF MARYLAND				100	175

	1 -	REGISTRAR			CERTII	ICATE OF DEATH	REG. 1	١٥.		4		
4		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUS	35	
7		Maxw	ell C. E.	lliott				06/12	/87	30	Post	
	3 SE)	X	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR		& AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	HOURS	24 HR 1	
	Ma	ale	Caucas	ian	O	1/15/06	81	YRS	DATS	HOORS	William.	
0		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
2		MASS., USA	USA		WIDOWI	ED DIVORCED	Montgome				MD.	
1		ilver Spring	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET GE HILL S	ADDRESS)	Spring	170 USUAL OCCUPATION OF THE PROPERTY OF THE PR		IZE KIND O			
1	USUA ABo S	STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW Wash.	E ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3726 Conn.	/ ZIP COD	0	199	77	
4	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAS1	1		
11	Sá	amuel Elliott	C.	LASI		Jessie Cov	entry , E					
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS4740	CONN.	AVE.	N.W.	
5	()	YES, NO OR UNKNOWN) (IF YES, I	CIVE WAN ON DATES!	023-01-2	579	WILLIAM H.	PLUMMER	WASH	I. D.C.			
		18. CAUSE OF DEATH (Enter	only one cause per	line for (a), (b), ag	d (c)	1 /				MATE INTERV	A1 EATH	
	1	PART I. DEATH WAS CAU										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which	(b)	R AS A CONSECU	ENCEO							
		gove rise to immediate couse (a), stating the) (0)									
		underlying couse lost	DUE TO, O	R AS A CONSEQUI	ENCE OF							
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DHMH - 15 60M 7/84 (VBA-15, 4)



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ROCKVILLE, MD 20852

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DHMH - 16 60M 7/B4

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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26 HOUR

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	24 FU	UNERAL DIRECTOR Ar.	es-Pears lington,	, Va. ADD 222	ral 01	Homes 250 DATE	JUNB	REGISTRAR 198	7	. 4	Deolder		مالكان

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTEN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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indulgation of chiacoly interangular, virginia		(ion	6-11-8	37	Met rono	litan Cromator	CITY OR TOWN			51
24 FUNERAL DIRECTOR Richard Rann. The 250 DATE REC'D. BY REGISTRAR'S SIGNATURE												

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER TYEAR

DATE OF BIRTH MONTH

YEAR

& AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED WIDOWED TH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Montgomery 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife

126 KIND OF BUSINESS OR INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Takoma Park Washington Adventist USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION 136 COUNTY

Mont.

4 RACE

W

USA

76 CITIZEN OF WHAT COUNTRY?

131. CITY OR TOWN S.S.

YES IX NOF 15. MOTHER'S MAIDEN NAME

3225 Beret La Lane

4 FATHER'S NAME

Joseph

Md.

CERTIFICATION

MEDICAL

Hungary

I CITY OR TOWN OF DEATH

FOR

REGISTRAR DECEASED NAME

- STATE

3 SEX

MIDDLE

Dube

Fanny 17 INFORMANT

Unknown

In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) Doreen Dillemuth (Daughter) Same as 6214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate couse to, stoting the underlying couse lost.

18 CAUSE OF DEATH Enter only one culture PART I DEATH WAS CAUSED BY

ASE OF CONDITION GIVEN IN PART I/a

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

THE CONDITION FOR WHICH

211 LOCATION CITE OF TOWN

MEDICAL

AT HOME STREET, FACTORY OFFICE, FARM ETC) and that in

DEGREE

ATTENDING

COHNTY (our) opinion death occurred on the date and hour and from the causes stated

NOT WHILE

The I certify that the happital affirming the deceased from

PHYSICIAN DIRECTOR PHYSICIAN

831 University Blvd. E.S.S.Md.

Dr. Lewis Dennis 230 BURIAL, CREMATION, REMOVAL

Burial

/87

23¢ NAME OF CEMETERY OR CREMATORY

New Montefiore Cemetery Pinelawn, N.Y. 24 FUNERAL DIRECTOR Hines/Rinaldi 11800 Newadhamp. Ave. S. S. Md. 111N 4 198/

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

a long transmitter programme a constitution of the first of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 058324 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME TO DATE KNOWN TO MONTH TYPE OR PRINT STEPHEN OF DEATH MATED 19 0 4 RACE & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 63 DEAD LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CALIFORNIA U.S.A. WIDOWED [DIVORCED MONTGEME 8 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRE N PA BETHESDA STUDENT EDUCATION RETAIN SOULD BE 30 STATE AND 13e STREET ADDRESS 2 SE 15 mg 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME URS AFTER DEATH.

18. GIVE PAGES 1, 2
WITH FORM PM 3
II. PAGES 1 AND 2
DIVISION OF VITA STANLEY FINE ELEANORE BAKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDREETHESDA, MD FATHER (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 250-80-9017 FINE: 5225 POOKS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MISSED AS A BURIAL - TRANSIT PERMIT.
F HEALTH AND MENTAL HYGIENE, D
JAI, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF CARDIO RESPIR OF Canditions, if any, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH SHAMORE, MARYLAND, 21201 PRIOR TO BURIFIC, CRE DEPRESSION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? CRUSHED CHEST YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY DOR CONTRIBUTING CAUSE OF DEATH KU 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK AT WORK TREE 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from 7 Accident Hamicide ___ Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME 15 CONSCH TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION BURIAL 6/29/87 JUDEAN MEMORIAL OLNEY GDNS BP MARYIAND 07/84 74 FUNERAL DIRECTOR ANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PK.: ROCKVILLE, MD 20852 25M **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME TO DATE KNOWN TT (TYPE OR PRINT) OF Elsie Fisher W. DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR | IF UNDER 24 HRS DATE YEAR LAST BIR"HOAY PRONOUNCED DEAD 53 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland United States ome DIVORCED WIDOWED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Admin. Assistant Dept. of STREET ADDRESS og duood Bealer AMIDDLE MIDDLE Helen William Whitworth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1008 Newport Ave. (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Zoche Lakeland, FL 33801 Linda M. 219-30-3880 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditians, if any, which gove rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6 CERTIFICATION 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALLIMORE, MARYLAND, 21201 PRIOR, TO BURBAL, YES NO NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Natural causes omicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAM TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION June Burial 24, 1987 Rockville Naryland By REGISTRAR 25% REGISTRAR 3 SIGNATURE 4 1987 Parklawn Mem. Park 07/84 BP Maryland ROCKVILLE, Inc. 25M A. Pumphrey Funeral Home A. Date RECD. BY REGISTRAR DHMH - 17 Montgomery Ave. Rockville, (VR A15 ME (5)) West

anterior to where Continuous and a Distalle of comme TO OF THE PROPERTY WAS TO SEE THE PERSON OF THE PERSON OF

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•	Common Co

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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	0	1	
	-		

7087

	REGISTRAR							REG. N	10.			
	CEASED NAME	FIRST	٨	AIDOLE	ı	AS1	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
TITLE	ORPRINIT	Paul	+	L.	Fle	miner			4	22	87	1830M
3. SEX	(4 RACE		5 DATE C		6 A	GE (IN YEARS LAST BI	RTHOAY)	IF UND	ER FEAR	IF UNDER 24 HRS
	Male		Caucas	ian	Aug	gust 3,1932		54	YRS			MIN.
	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? - 8	NEVER MARRIED		ALTIMORE CITY				75
	New York		United	States	WIDOWE		I M	lontgomer	y Cou	inty,	100	MD.
	TY OR TOWN OF D			HOSPITAL, NURSI		OR OTHER INSTITUTION	120	USUAL OCCUPAT	ION OF WORKING	12b	KIND O	F BUSINESS OR
	Rockville		Shad	4 Grove	Adve	ntist Hos	PE	lectrica	L Eng	ginee	r En	igineerin
	AL RESIDENCE (IF NO STATE Maryland	13b COU	nty ntgomery	13c. CITY OR TOV German	WN	136 INSIDE CITY LIMITS		STREET ADDRESS 19544 Cr			k Ct	.#11/208
I4 FA	THER'S NAME Bernard	Мо	rrissey	Flem	ing	IS MOTHER'S MAIDEN	NAME	WIDOLE			Wha	ilen
160 V	VAS DECEASED EV ES NO OR UNKNOWN) Yes	ER IN U.S. AI	RMED FORCES? VE WAR OR DATES) TEAN	166 SOCIAL SEC 127-26-		Jean M. F	lemin	229 ^{APOR} Rocky	Glenn ille,	nore Mary	Terr land	ace 1 20850
1	18 CAUSE OF DE	ATH Enter o	nly one couse per	line for ia , b , o							APPROXIV BETWEEN C	MATE INTERVAL DISET AND DEATH
	PARTI. DEATH	IMMEDIA	TE CAUSE (o)	METASTA	TILL	ElomyoSA1	5000	DA			In	261
z	Conditions, if o gove rise to i couse (o , sto underlying cou	mmediote iting the use lost	(c)_	R AS A CONSEQUENTRIBUTING TO		NOT RELATED TO THE T	TERMINAL	DISEASE OR CON	IDITION	GIVEN IN	PART Ire	1
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	2 Y	On AUTOPSY?	IN CER			IGS USED OF DEATH?
	210 ACCIDENT WAS I	CAUSE OF DE	ATH HOUR A.	M. MONTH D	DAY YEAR	21¢ HOW INJURY OC	CURRED	- 48			PART 2}	
MEDICAL	216 INJURY OCCU	URRED WHILE WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE	FARM, ETC. J	21f LOCATION STREET		CITY OR TO	OWN	co	YINUC	STATE
	220.1 certify that the dece	osed olive or	of view the body	19.5	\$7 or	nd that in (my) (con opin	nion deoth	to APRIC	ote and h		•	
	Du	re, li.	Prov	unu	1	ATTENDIN PHYSICIA	IG M	EDICAL STA			1/22	187
	Ama	NAME (TYPE	BROW	n ani		22e ADDRESS 14	CKVI	PHYSIC WE, MI				23v
	SURIAL CREMATIO		Apr. 24	,1987 M	NAME OF C	emetery or cremato	DPV 12	3d LOCATION				irginia

DHMH - 16 60M 7/84

BP.

should be detached for use as the burial-transit permit. Then please remove carbanpa with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remov

TO FUNERAL DIRECTOR After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or ottending physician.

(VRA 15, 4)

Pumphrey Funeral Home/ W Montgomery Avenue 20850 ROCKVIIIe, Robert A Rockviile, Inc. 300 Rockviile, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH TYPE OR PRINTI SALLY FORD DEATH MATED 6-12-870 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR 2d HOUR IELINDER 24 HRS 2c DATE Feb. 25.1919 PRONOUNCED Black 68 8 AY female DEAD 6-12-8710 8:36P TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Viroinia United States DNORCED Montgomery County 120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SOC. Supervisor Suburban Hospital Bethesda 13d INSIDE CITY LIMITS? 205 Yoakum Pkwy Alexandria 4 FATHER'S NAME MIDDLE Walter Spriggs Pevton Rebecca Dickerson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 368-18-3628 Harry E. Ford, Jr/205 Yoakum Pkwy No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which rupture of infarcted wall of left ventricle gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. arteriosclerotic cardiovascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 184 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED! M. AUTOPSYP YES X NO [TIE EXTERNAL CAUSE WAS TIL TIME OF INJURY THE HOW INJURY OCCURRED (INTERNATURE OF HALLEY IN TEACHER AND I CHEPART) HOUR AM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ZIX PLASSIOF INJURY INTHOME THE INJURY OCCURRED SET FACION, FARM, ETC.) CITY OF YOMY EXPLINIT STATE WHILE AT WORK 22s. I certify that Ltook eleta described above, held on death resulted from Undetermined moster TITLE (SPECIFY) 6-13-87 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn Street EXAMINER'S NA TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation 6/16/87 Washington, D.C. Lee Crematory 24 FUNERAL DIRECTOR Arlington, Va. 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Murphy Funeral Home/4510 Wilson Blvd. (VR A15 ME (5))



STATE OF MARYLAND

	REG. NO	
	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
an	June 30, 1987	7 7 p
4		NDER YEAR IF UNDER 24 HRS
	9 BALTIMORE CITY OR COUNTY OF Montgomery	FDEATH
2	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY home
?	13e.SZEFI APORESS ZZESSPEN	al Lane #102
ner	MIDDLE	Regester
Que	esenberry-Niece-(s	ame as 13e)
		BETWEEN ONSET AND DEATH
1	Distale	Veas
ERMI	nal disease or condition given	
	200. AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO XX YES YES	YERE FINDINGS USED IG CAUSES OF DEATH?
URR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
0	CITY OR TOWN	COUNTY STATE
ion d	eath occurred on the date and hour or	that (I) (we) lost ad from the causes stated
	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
/		

ATA-		L .					STAT	E OF MARYLAND				
0587	0 G JUL -	1-	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	GIENE /	17	0	9
1	/		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR O
1 9	31 M	(TIPE		race	Eliz	abeth Me	ginn	iss Foreman	June 30	. 198	7	7 -p
moy	2 10	3 SE			ACE		S. DATE	OF BIRTH	6 AGE IN YEARS LAST BIRT		NDER YEAR	IF UNDER 24 HR
4	381		Female		Whi	to	woo	ct. 9 1894	92	WOC INO	NIND DATS	HOURS MIN
90 d	10 mm	7a BI	RTHPLACE IN ATE OR FOR	REIGN 7b C		WHAT COUNTRY?	8		9 BALTIMORE CITY OF	R COUNTY O	FDEATH	
e h.	32 4	N	laryland		US	SA	MARRIE	D NEVER MARRIED L	Montgon	iery		
de	tun thir	10 CI	TY OR TOWN OF DEATH				IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126 KIND C	F BUSINESS C
201	by the		Rockville	2	61 C		onal	Lane #102	Homemaker	WORKING LIFE)	INDUSTRY	n home
AND 21	filled in nould be	Ma		Montgo	omery	Rockvill		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	Zesseba	al La	ne #102
RYL	2 stely	14 FA	THER'S NAME	MIDDI	C.	a.e. IASI		15 MOTHER'S MAIDEN NA			2 145	7 .
MA y	and and exam		William		C.	Meginn	iss	Esthe	r		Rege	ster
BALTIMORE, MARYLAND 2120	Poges .		VAS DECEASED EVER IN	U.S. ARMED		214-22-		Esther M. Qu	esenberry-Ni		ame a	s 13e)
JAIT te b	ers.		18 CAUSE OF DEATH	Enter only or	ne couse pe	r line for (D), (b , qui	d (c).	()			APPROXI BETWEEN	MATE INTERVAL
ST., E	40		PART I. DEATH WAS	S CAUSED BY AMEDIATE CA		Hoort		tailure			hou	
PRESTON S	15		Conditions, if ony, v	which (ras a conseque		Adm "	Distal	a	Ve	005
1 W. PR	W		gove rise to imme- cause 10, stating underlying couse		DUE TO, O	r as a conseque	NCEOF	J			/	
3, 20	7.0	-	PART 2 OTHER SIGNIF	ICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN	IN PART TO	,
ORD	7222	é										
AL RECO	1112	CERTIFICATION	190 DATE OF OPERATIO	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO XX	20b. IF YES, V IN CERTIFYIN YES [
DIVISION OF VITAL RECORDS, 201 W.	144919		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH		OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
NO H	4 222 1	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TOW	76.1	COUNTY	STATE
NO P	A STATE OF THE PARTY OF THE PAR	×	AT WORK AT WORK		[AT HOME ST	REET, FACTORY OFFICE, F		50			COOM	STATE
TENDI	TOR A		22a. I certify that (I) (H sow the deceased above, (I) (was de-	olive on	اسرف	26 19	87.0	nd that in (my) (cor) opinion	death occurred on the dat	. 17	nd from the	that (I) (we) lo causes stated
AL OR A	AL DREC MIDSHED TO From		226 SIGNATURE	Jan) K	007/	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE	SIGNED 97
SPIT	# # # # T		22d. PHYSICIAN'S NAM	E TYPE OF PRIN	41)		,	22e ADDRESS	-			g /
0	1 2318		Patrici	a B .	Kell	ogg M.I		809 Viers	Mill Rd. 1	Rockv	ille,	Md.

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

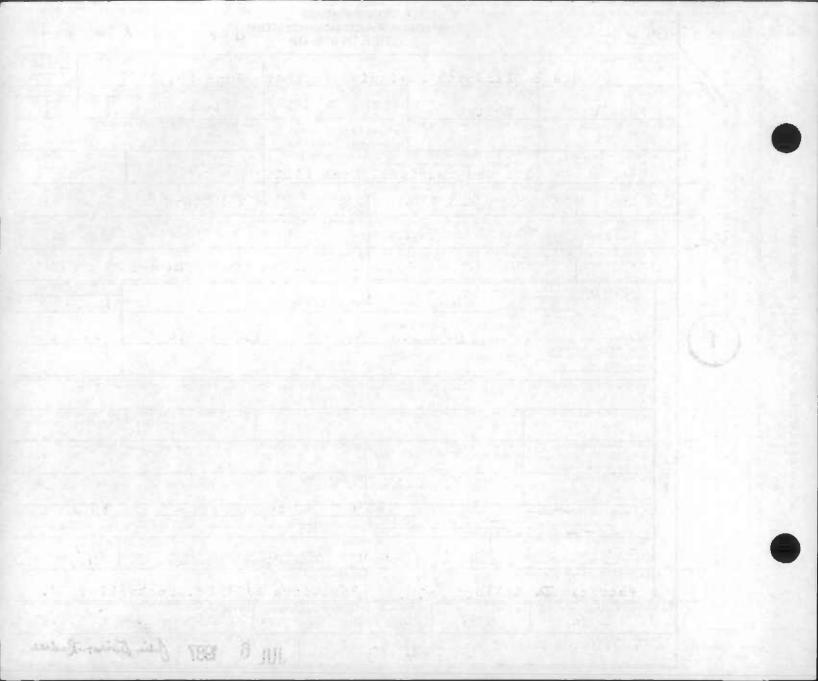
Hines/Rinaldi Funeral Home S.S. Md. 20904 Ave,

23b DATE 7-2-1987

230 BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY Baltimore Druid Ridge Cemetery

Maryland



n 72 hours ofter death

injury, or other troumotic event, the medico

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

BP

STATE OF MAPVIAND

STATE OF MARKETAND			
PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1	J-cros •	1
	REG. NO.		

1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	O.	1	0	9	t Če
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY Y	EAR	2b HOU	R
(! YPE	OR PRINT)	2012/	dine	M	Ŧ	DX		10	4 8	7	153	30 (M)
3 SE	X		RACE		5. DATE C		6 AGE LIN YEARS LAST BIR	THDAY)	IFUNDER	'EAR	IF JNDER	
Fe	male		Caucasi	an	March		67	YRS	MONTHS	DAIS	MOURS	MIN.
	RTHPLACE THATE OF F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	_		TH		
	nnsylvania		USA		WIDOWE		Montg	gomery	1			MD.
10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI				BUSINE	SS OR
	koma Park		Washin	aton Adve	ntist	Hospital	Application	rs Cle	erk U	SG	out.	
13a S	AL RESIDENCE (IF NURS	135 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET ADDRESS	ZIP COD	E			
Ma	ryland	Monte	aomeru	Kensings	ton	YES NO		uid Te		e	20	895
14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		31	LAST		
	William		2.	Fox		Adelaide	MIDDLE		He	alti	on	
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ESS				
4 .	O OR UNKNOWN)	(IF YES GIVE	WAR OR DATES	173-14-06	550	Regina M. Joh	unson Sist	ter	Same	as	13	
	18 CAUSE OF DEAT	H Enter only	one couse per	line for iti) b , on	ye		1 - (RESI	DINAN	ne BET	PPROXIM	ATE INTER	DEATH
	PART I. DEATH W	IMMEDIATE		Mul	w	mary &	acteure		1/	100	1/11	
			DUE TO, O	R AS A CONSEQUE	NCE OF	ESPV1	VACCORDE/	SONE)			
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	underlying couse	lost.	ret_	A	su	alliall	cell (anc	un	6 111	121	-
	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PA	Ri Ira		
ě	meta	exa,	te	to sp	uca	of and a	ausnug fo	and	nec	90	2	
MEDICAL CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE F			
TIF	E LA HOLE						YES NO		ES 🗍		NO [
Ü	210. ACCIDENT WAS UNE		HOUR A.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR PA	R1 2)		
S	(IF EITHER NOTIFY MEDI		P.		19							
EDI	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY	ARM FIC I	21f LOCATION STREET	CITY OR TO	WN	COUN	iTY	SI	TATE
2	AT WORK AT WO	INTE			11/			1.				
	22a I certify that (1)	(this hospite	oftended th	e deceased from_	77/	0 19 7	(to 6)	14_	19	Z. 11	ot (1) (v	ve) lost
	sow the decease above, (1) (we) (c	did (did not	view the body	after death.	. 01	nd that in (my) (our) opinion (death occurred on the do	ote and hou	ur and from	m the co	auses sto	ted
	226 SIGNATURE		/)	,	DEGREE			22c.	DATES	IGNED	
1	Ble	uce	EL C	rue	Mo	ATTENDING PHYSICIAN	MEDICAL STAF		6	14	18.	7
	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)	0		22e ADDRESS			-			
	Kenneth	Cruze	M.D.			831 Universi	ity Blvd E	east S	Silve	r SI	orin	q.Md.
	SURIAL, CREMATION,		23b DATE	23€ №	AME OF C	EMETERY OR CREMATORY	23d LOCATION		4011			
	rial		June 8	, 1987 Gra	enlay	un Cemetery.	Hollidayst	ura F	Blair	Pe	nn:	AIE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4
CERTIFICATE OF DEATH	<

1 - STATE REGISTRAR	VAI 7((1))	CERTIFICATE OF DEATH	REG. NO.	10	7 0
I DECEASED NAME FIRST (TYPE OR PRINT) A	24 p.	FOX	20 DATE OF DEATH MONTH	DAY YEAR 15 87	26 HOUR 2:33
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	FUNDER 24 HRS
+	Caucasian	February 2, 1919	68 YRS	MONTHS DATS	HOURS MIN
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
WASHINGTON, DC	USA	WIDOWED DIVORCED	Montgon	reny	- N
10 CITY OR TOWN OF DEAL	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION		BUSINESSO

homemaker III STY OR TOWN 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Rockville Monatomery 5802 Nicholson Lane 20852 Maruland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Flynn Thomas Cannon Anne ADDRESS 5720 MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Wilson Lane son IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-18-1005 William F. Fox 20817 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for la), (b), PART I. DE ATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

716 TIME OF INJURY

TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M Te. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

211 LOCATION

NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from

COUNTY

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

DEGREE 22 ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

224 PHYSICIAN'S NAME (TIM OR MINI)

(SPECIFY)

230. BURIAL CREMATION REMOVAL

AJINDRA

CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

June 18, 1987 Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins Funeral Home, Inc. 250 DATE REC. D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Silver Spring Monta

500 University Blvd., W Silver Spring, MD 20901

O CF 15 57 2633 P Cameracian Caracian To S Wileson see missist

PHYSICIAN The low

TO HOSPITAL OR ATTEN

BP.

DHMH 16 60M 7/1 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

ME	ò	1	-	1	0	9
		REG. NO.				

- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG	NO.			
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	amelia	L DeLa	nov TRO	eder	ICKS		6	15	87	53
3 SEX		RACE		5. DATE C	D. I. W. I. I. I.	6 AGE (IN YEARS LAS	BIRTHDAY)	IF JND	ER YEAR	IF NOE
Female	2	Cauci	Sian		mber 27, 1894	92	YRS			
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New Yo	rk	11.	9	WIDOWE	_	MO	ntyo	nei	~ Co	unt
10 CITY OR TOWN O		NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATIO	12/	KINDO	
1 Rockwil	10. 1	PATOLICA	H FACILITY GIVE TOPET	ADDRESS)	sino Home	Teacher	ST OF WORKING		Publi	c S
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18 CAUSE OF	DEATH Enter only	y one couse per	line for o, b one	d c					APPROXIA BETWEEN O	NATE INTE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			46111	III CAIL OF BEATTI	REG. N	0.				
		ASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
T	(TIPE O	RAC	HEL	ELIZAI	BETH	FROST	JUNE 12	2	1987	8:29 A		
3.	. SEX		4	RACE	5 DATE	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY)	MONITE LAC			
L		MALE		CAUC.	SE	EPTEMBER 6 1926		YRS.		HOURS MIN.		
P	CO	THPLACE (STATE OF F	DREIGN 71	CITIZEN OF WHAT	MARR	HED NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	TY OF DEATH			
L	GE	ORGIA		UNITED STA	ATES WIDO		MONTGOMERY			ME		
V	CITY	OR TOWN OF DEA	TH 1		AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
L	_	ETHESDA		BETHESDA 1			HOUSEWIFE		AT	HOME		
	SUAL 30 ST		NG HOME OR O	THER INSTITUTION GIVE RES	TY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	DE 96	1444		
L		ORGIA	BARRO	W WIN	NDER	YES NO	101 VALLEY	VIE	W DR (3)	0680		
椒	LE AT	HER'S NAME	AAI	DDLE	LAST	15 MOTHER'S MAIDEN NA	ME		1.0	ST		
ν		ROBERT E.		SIMS		ANNIE	R.		HEAR			
14		AS DECEASED EVER			CIAL SECURITY NO.	. 17 INFORMANT	ADDR	SS CEI	DAR LAK	PDIVE		
Ł	NO	S. NO OR UNKNOWN)	F TES, GIVE Y	WAR OR DATES)	JNK.	PAMELA FROST	TERRELL 81	MVFR				
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ш	- 1		IMMEDIATE	CAUSE (a) MULT	TIPLE SYST	'EMS ORGAN FAII	LURE					
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	- 1				CONSEQUENCE OF							
н	Conditions, if any, which gave rise to immediate											
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ı	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g										
l		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITIONG	IVEN IN PART 1	a		
	CERTIFICATION		1011	T				Lan or un				
	5	90 DATE OF OPERAT	ION	196 CONDITION F	OR WHICH OPERATI	ION WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?		
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Ŀ	7	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTE			19							
L	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY				211. LOCATION						
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ŀ		AT WORK AT WORK										
ı	2	20 I certify that (1)	this haspita	l) attended the decea	ised from 10 M	IAY 19 87	, to 12 JUN		. 1987	that (1) (we) last		
		saw the deceased alive an 12 JUNE 87 19 , and that in (my) (aur) apinian death occurred an the date and hour an abave (I) (we) (did) (did not) view the bady after death										
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1	1					MAVAI	L HOSPITAL,	NAVA	L MEDICA	AL COMMA		
	1		LCDR M			NAVAI	L HOSPITAL, PITAL REGION					
2	3a BU	P. GILL	LCDR M		23¢ NAME OF	NAVAI	PITAL REGION		THESDA,			
2.	3a BU	P. GILL	LCDR M	IC USN		NATIONAL CAR	PITAL REGION 23d. LOCATION CITY OF TOWN	BE'		MD.		

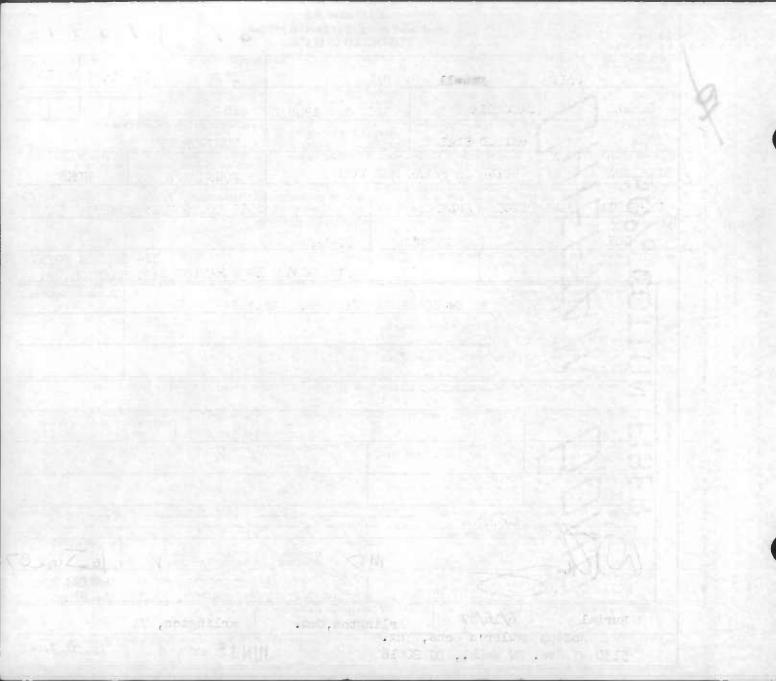
(VRA 15, 4)

24 FUNERAL DIRECTOR W. W. CHAMBERS CO. INC

ADDRESS 20910 SILVER SPRING, Md.

GARDENS WINDER, BARROW CO., GA. BARROW MEMORIAL GARDENS

SHOWS - 1-15-1757 PERSON DEBOTAR OFFICER WITHER, TOTAL 30., C. . C. OSSESSE CO. III CO ESSESSED . D . N Demonstration of the property WELLS Treet Colomb Colomb Care land B. B. William B. T. G. CHERRENT & W. D. Gross lets 1 66726



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 19 87_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN SILVER SERING MD 2090 LINCOLN CEM. ADENS BLIKE 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256. REGISTRAR SIGNATURE TNASHINGTON + SONS 4925

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF LINDER 2 LHRS

IF UNDER TYPAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

Jetozbroel Commission Co., . mi diedmont - brok commiserol - 5 - 1- 11/1/2

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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m ie p		3 SE		4 RACE		5 DATE OF	DAY YEAR	AGE IN YEARS	AST BIRTHDAY)	IF NEER YEAR	HOURT M.N.
1000		1	FEMALE	WH	ITE	DEC	. i. 1900	8	6 YRS		
9.0	21		RTHPLACE TETATE OF FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE C	ITY OR COUNTY	OF DEATH	
1 15	20		MARYLAND	4.	S.A	WIDOWED			tgomery		MD.
1 54	271		TY OR OWN OF DEATH		F HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCC		126 KIND O	F BUSINESS OR
4 4 9	11	Ta	koma Park	Wash:	ington A	dvent	ist Hosp.	HOMEM	01110	INDUSTRY	
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1/22		14 EA	THER'S NAME	, 9001	(4KCIII)	7 141670	5 MOTHER S MAIDEN N	AME	12611 1	VEIVUE	1
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1/4	= 64	16- 1	VAS DECEASED EVER IN U.S.	ARMED FORCES	2 16b SOCIAL SECT	IRITY NO	17 INFORMANT		ADDRESS	JORZ).4/V
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S = 4 8	lih a		AT WORK AT WORK			17 6	3 11		- 7	87	
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무를 교장	1 60		Roy H. San	ndstrom	, M.D.		7701 Carro	ll Ave.	Takoma	Park.	Md.
5 2 5 4	1 2	23a I	BURIAL, CREMATION, REMO				METERY OR CREMATORY				/
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		24 F	UNERAL DIRECTOR	1)		Carro	11 St. N 270 DA	TE RECOT BY REGIS	TRAR SEGIST	RAR'S SIGNATU	IBE P. O.
DHMH - 16 6		n	akoma Funei	ral Home	ADDRESS		20012	JUNY 19	B/ Aulia	Disigran	Candara

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DATE KNOWN X TYPE OR PRINT OF Dorothy Galloway DEATH MATED 6/8 Ga vman 19 87 & AGE LIN YEARS IF UNDER 24 HRS 20 DATE PRONOUNCED Jan. 20, 1907 80 YRS Female 19 87 Noon 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED Montgomery County Ohio ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 3360 Gleneagles Drive, #1B Silver Spring Homemaker Own Home 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Silver Spring No □ 3360 Gleneagles Drive, #1B Maryland Montgomery YES Wood Galloway Grace Ralston William 4505 Bel Pre Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Nancy Lokerson, Rockville, MD 20853 269-09-7459 18 CAUSE OF DEATH Enter only one couse per line for (a. (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL -DF HEALTH AND ME lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None ARDED TO THE CHIEF M GE 3 SHOULD BE USED A TE DEPARTMENT OF HEA 201 PRIOR TO BURJAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 71a EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME II LOCATION STREET, FACTORY, FARM, ETC 1 XECUTE THE CERTIFICATE, WRITING AGE 4 SHOULD BE FORWARDEI OF DUNGARAL DIRECTOR; PAGE 3 FIRE DEATH WITH THE STATE OF ALTIMORE, MARYLAND, 21201 FALTIMORE, MARYLAND, 21201 F CITY OF TOWN WHILE AT WORK Inspection X 270 I certify that I took charge of the remains described above, held an Natural causes X death resulted fram: Accident_ TITLE (SPECIFY ACTUAL 6/8/87 Deputy SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT PAC AFT BAI Suitland, MD Cedar Hill Crematory Cremation 07/84 Joseph Gawler's Sons, Inc. D. BY REGISTRAR 1256 REGISTRAR'S SIGNATUR DHMH - 17 Wisconsin Ave, NW, Washington, D.C. 20016 (VR A15 ME (5))

STATE OF MARYLAND

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	MC MC		Vhite	June 26,		MONT			MIN P	C. DATE RONOUNCE DEAD			31/19		10
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6	13a. S1		13b COUN		e residence before admission 134 City OR TOWN Bethesda	۷)	YES XX	NO 🔲	5	T ADDRESS	ckinle	zy S	treet	4	
6	14 FA	THER'S NAME JULIU	5	MIDDLE	Geiger		F.0	r's MAIDEN ate	NAME	MIDDL	E	Mo	rgansi	tern	
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3	AL CE	UNDERLYING		HOUR XX	MONTH DAY YEAR	216 HOW INJURY OCCURRED GENTER NATURE OF INJURY IN ITEM 18 PART TO Subject cut and stabbed self						,			
	MEDICAL	21d. INJURY OCCURRED 21e			OF INJURY (AT HOME, DRY, FARM, ETC.)		STREET COLOR TOWN COLO					g. Co	., Md.	E	
		22a. I certify that Look charge of the remains describing bove, held on Autopsy X, Inspection, Inquiry, and in my opinion death resulted from Natural courses											/87		
1		EXAMINER'S I	**/		Smyth, M.D.		ADDRESS			n St.					=
	23a. BI	URIAL, CREMAT	al 2	6/5/1987	Judean M		rial G	ardens		lney,				vrýlan	d
				EBREW MEMO	RIAL FUNERA	LHO	DME T	TO DATE RE	EC'D BY R	EGISTRAR OO7	REGIST	PARIS SI	GNAJURE	at AG	

07 /84 25M

DHMH - 17

(VR A15 ME (5))

232 CARROLL STREET, N. W., WASHINGTON, V. C.

JUNI U 1987

THE PERSON AND THE PE

Kellv Maria Geisbert June 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY MONTH YEAR 1987 Female White June _____ YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX COUNTRY Montgomery Maryland WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION (IF NOT IN SUCH EACHLITY GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFES Rockville Shady Grove Adventist BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 3779 Travilah Montgomery Rockville YES X NO T Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FIRST Timothy Wade Geishert Zoanna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mother · See 13a - 13e 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic IMMEDIATE CAUSE (0) DUE TO, OR AS_A CONSEQUENCE OF extrodul Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION N/A 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF None 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00, HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING THE LAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove. (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL be deto DIRECTOR PHYSICIAN PHYSICIAN THE PHISICIAN'S NAME TYPE OR PRINTS 22e ADDRESS ld b MPORT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN

Unknown

ADDRESS

MIDDLE

FOR

REGISTRAR

Cremation

24 FUNERAL DIRECTOR

NAME

FIRST

DECEASED NAME

- STATE

ILLYPE OF PRINTS

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

Shady Grove Hospital

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

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22c DATE SIGNED

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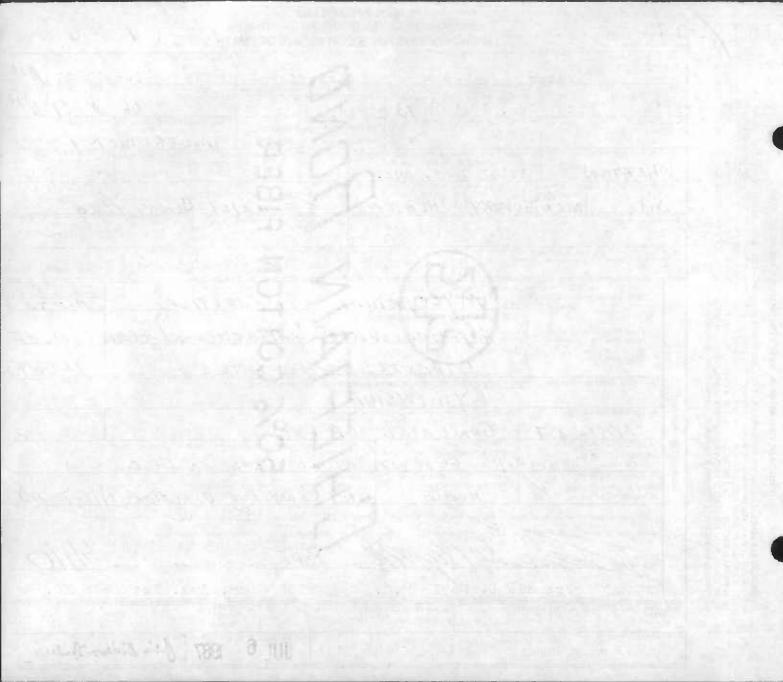
Rockville.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20 DATE OF DEATH

20		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
U3 1,7 1 1 JU	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 10 P. 10
1	1 DE	CEASED NAME FROT MIDDLE LIST 20 DATE KNOWN NAMONTH DAY YEAR 176 HOU
AN MERNE	(TYP	FOR PRINT) HARRY GETTLEMAN DEATH MATED 0 6 21 180 7/2
万	3 SEX	4 RACE S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
F 200 V		LE WHITE 11 16 17 69 YRS. DEAD 6 21 1987 7 /3
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M KANANA WANANA WANA WANANA WA		SAAC GETTLEMAN IS MODIE GETTLEMAN KAROL
RES AFTER DE SIGNE PAR FOR TE PAGES TO	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ARLENE M. GETTLEMAN, TAKOMA PARK, MD.
ST., B OURS 18. C MIT. P		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON 17EA 10ON PER VAL.		IMMEDIATE CAUSE (o) Wy o cavallal In Faution Minutes
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EAAAAAA	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
A Segretary	E S	NES IN NO TO
PANE NO PER NO P	CER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
N DHODGO	₹ V	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19
BINES RETINA ROLD ROLD ROLD ROLD ROLD ROLD ROLD ROLD	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
THIS NAME OF THE PARCE OF THE P	-	AT WORK AT WORK
AND		22a. Leertify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry , and in my opinion
ARVIT		death resulted from: Notural couses Accident , Suicide , Hamicide , Undetermined manner ,
A STANT		SIGNATURE SCILLENCE TO THE SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED 6/21/37
MEDIC ECUTE 1 GE 4 SP FUNER TER DEA		EXAMINER'S NAME PAUL A. DEVORE MD ADDRESS 203 QUEENS bury Rd Hygitisuille ND address 203 Queens bury Rd Hygitisuille ND
e 588588	1.5	JRIAL CREMATION, REMOVAL 236 DATE 6/23/1987 MOUNT LEBANON CEMETERY ADELPHI, PR. GEO. WMARYLANDE
57/84 BP		ONALUSEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 1250. DATE REC'D BY REGISTRAR 1256. REGISTRAR'S SIGNATURE
DHMH · 17 (VR A15 ME (5))	2	32 CARROLL STREET, N. W., WASHINGTON, D. C. JUN 25 1987 La Davidson Render

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STATE OF MARYLAND

-1	1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIEND								
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7	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN HEACHITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION		E) INDUSTRY	OF BUSINESS OR	
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7	160 W	AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT SON	Slip4, ADD	ede Po	ort Mar	ina.P.O.	
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		cause al, statin underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF	water Can	Di ovascu le	. Di	ieme	415	
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	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERA					ERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
	TIF	17 10				YES NO YES					NO 🗌	
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		234 PHYS CAN'S NA	ME (INFOR	m(Hr)			1220 ADDRESS	Pine to R	Be	That.	m) sozul	
4		Dr. Lec	nard				170701 0.0 00	rige par ve	,		2019	
ĺ		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
	F	Burial					Heaven Cemete					
	24 FU	INERAL DIRECTOR	Franc	is J. (collins,.	Jr.	25a DATE	REC'D. BY REGISTRAR	156 REGISTI	RAR'S SIGNAT	URE .	
	50	10 Univers	ity Bl	vd. W.,	Silver:	Sprin	g, MD. 20901	10 1001				

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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817-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENES /	17	1	0 0
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3 SE)	(RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		NDER I YEAR	# UNDER 24 HRS
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N CITY OR TOWN OF DEATH BETHESDA			NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CASHIER RETAIL				
13a S	AL RESIDENCE (# NURS TATE RGINIA	PRINC	TY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN TRIANG		134 INSIDE CITY LIMITS?		ZIP CODE ER LANE	221	72//
M FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NAM	MÊ MIDDLE		LAS1	
5	JOE	DIAZ,					CE YVONNE H	ICKS		
	AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
()	es, no or unknown) NO	(IF YES, GIVE	WAR OR DATES)	573-59-	2283_	CHARLES L.GII	LLENWATER, 18	8151 KI	LMER]	LANE,
	Conditions, if ony, gove rise to imm cause (o., statin underlying cause	which nediote	DUE TO, OI	r as a conseque	NCE OF	FAILURE ISEASE POST RA	ADIATION TH	ERAPY		
z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 110	3
CERTIFICATION	19a DATE OF OPERAT	TION	19b. COND	ITION FOR WHICH	OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 20b IF YES. IN CERTIFY YES ▼ NO YES				NGS USED OF DEATH?
MEDICAL CER	21g ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIEY MEDI	CALEXAMINER)	P.,	M. MONTH DA M	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
MED	216. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ILE 🗍	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on_	JII.	VE 21 19 8	JUN 87 or	E 1 19 8/ and that in (my) (our) apinion o	death occurred on the do	, 9	d from the d	that (1) (we) last causes stated
	226 SIGNATURE	, 1.	Fox			MO ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22 c. DATE :	signed me87
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS NAVA	L HOSPITAL		J	
	E. P. FO	X.LT.	MC, US	SNR		BETH	ESDA, MD 208	814-501	1	

23a BURIAL, CREMATION, REMOVAL 23b. DATE Removal June 23, 1987

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
Westminster, California STATE

²⁴ Fyes Def Gawler's Sons, Inc., 5130 Wisconsin Ave., N.W., Washington, DC 20016

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Dividson Rendals

DHMH - 16 60M 7/84 (VRA 15, 4)

est inster, Jalifornia e ov 1 (une 23, 1967 Joseph Levier's Pons, Inc., 5130 inconsin 056160.11

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

REGISTRAR

DECEASED NAME

Grace Mov Go

Seamstress-Kessler Dry Cleaners 13e STREET ADDRESS / ZIP CODE 20902 2409 FUGER ST LAST Jon 20902 Goon F.Go (Husband) 2409-Eugene St., Wheaton, MD TRUK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR RART 2) COUNTY CITY OF TOWN and that in implication opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL Burial June 10,1987 Fort Lincoln Cemetery, Colmar Manor, Pr. George Co., MD 24 FUNERAL DIRECTOR J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

YRS

2h HOUR

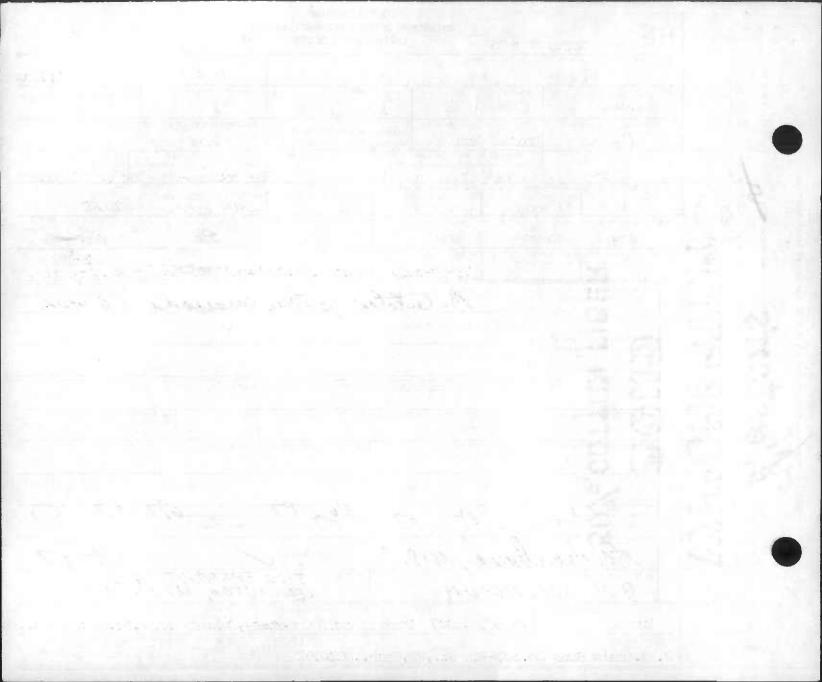
126 KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

1:30am

20 DATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH TYPE OR PRINT MISE OA LICE 02 06 DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED 126 KIND OF BUSINESS URSING HOME OR OTHER INSTITUTION 29 USUAL OCCUPATION TYPE OF WORK WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR (IF YES, GIVE WAR OR DATES) TRAUMA -DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate (b)_ cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "I PAGE 4 SHOULD BE FORWARDED TO "THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO HUMAIN. YES NO T 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0602 1987 THE PLACE OF INJURY SATHOME 21f. LOCATION STREET, FACTORY, FARM ETC WHILE AT WORK BRUNSWICK 22a. I certify that I took charge of the remains described above, held an Autopsy Accident X Hamicide death resulted from Suicide Undetermined manner Natural causes BP 07/84 25M DHMH 17 (VR A15 ME (5))

1255 3 43 43 5 Branswick Trederick Memorial A. Hasser Secular Old Fred Tred & 121 East D. Street No Jan 14-0984 Bury Traget Sound Kenny Sold and a super- and a super-Russia 1 6/6/81 DIF Olivet General Wash De

I DECEASED NAME 056020 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH YEAR 1907 TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ASTATE OR FOREIGN NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Takoma Park Washington Adventist FATHER'S NAME MIDOLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN 18 CAUSE OF DEATH Enter only one cause per line for lat. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 PRESTON ST. Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an abave, oth (we) (did) (did of view the bady after death. 22b. SEGNALL DEGREE ATTENDING MEDICAL MPORTANT d b Thomas P. Fogarty 23a BURIAL, CREMATION, REMOVAL 235 DATE 23¢ NAME OF CEMETERY OR CREMATORY

- STATE

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME MAKES 13e STREET ADDRESS / ZIP CODE MIDDLE LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEA ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARTERIOSCHEROSIS 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OF TOWN STATE opinian death accurred on the date and haur and from the causes stated 221 DATE RIGHED PHYSICIAN (T) DIRECTOR T PHYSICIAN T 24 FUNERAL DIRECTOR SISTRAR 256 REGISTRAR SEIGNATURE Home-Washington, D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

15603000 The second property of the property of the second

24 FUNERAL DEATRZANSKY-GOLDBERGOOMEN CHP INC.

ROCKVILLE

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2ª DATE OF DEATH MONTH DAY 2h HOUR 30 V 9 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS YRS BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PVT ret. INDUSTRY CIRCLE CALIFORNIA NEFTELOWITZ MONTCLASTR DR. SSPG Idaughter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Zucce. 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) last

22c. DATE SIGNED

Dividson Pandall

STATE

COUNTY

CHURCH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A CONTRACT OF STREET OF STREET AND STREET AND STREET STREET, AS ST

150701	20 mil	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 /	17712
be 60 th	3416		EASED NAME FIRST OR PRINT) MARY	Mry (50	26	20 DATE OF DEATH MONTH	17-87 1135 A
ge 4 may ector. pa		3 SEX	EMALE	CAUCASIAN	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
nerol dir	35	70 BI	1ARYLAND	Ch. S. A	WIDOWE		MONTGO	MERY CO MD
rs after d by the fu	nofitied	1	POCK VIZLE	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH DELLITY, GIVE STREE SHADY Grove	addressi	ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	RING LIFE INDUSTRY FE DEMESTIC
LAND 2 1 2 0 rin 24 hours by filled in by	r most be	130 S	ARYLAND 136 COUN			136 INSIDE CITY LIMITS?	1//0	CODE 20837 WILLARD RD.
MARYL, makered within the dead 2 st	exomine	14 FA	K. EUGENE	ADDLE GREEN LAST		MARGARE	T EMPORE KL	
BALTIMORE, cate be execut ystatan and eg apers. Pages I	medical			WED FORCES? 166 SOCIAL SEC WAR OR DATES) APPLICABLE 219-50	WRITY NO.	JERRY L	GORE PE	POLESULE, ADZOSS
ST., BALI	event, the		PART I. DEATH WAS CAUSED	y ane cause per line far iai, ib . a DBY E CAUSE (a)		REST		APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S	oumatic		Canditions, if any, which	DUE TO, OR AS A CONSECU	PEST	FEATORY F	EAILURE O	
w /	e other to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ST.	ENOSIS - CO	ASUS ON OF FA	12 M DE
ORDS, 20	Author C	TION	GASTROENT	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	(E)			
AL RECC	12	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		YES NO.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ISSON OF VITAL RECORDS THYSICIAN The law cequil freeding physician free destrictions has been up the house transit permit. The and Mermil Hydrogene process in	19		2] a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		RED (ENTER RATUR OF INJURY IN ITE	EM 18 RART OR PARI 2}
/ISIOP	1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

27a I certify that (1) (this haspital) attended the deceased from saw the deceased afive an above, (1) (we) (did) (did not view the body after death , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23d LOCATION

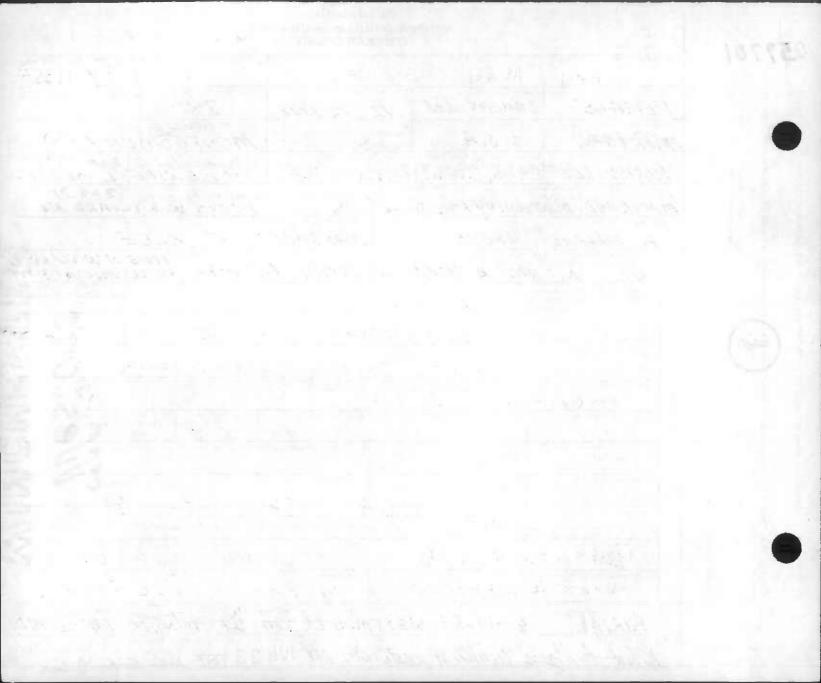
that (It (we) last

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

ORTANT, #

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO T DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR #Y- (--04- 1987 GORFINE

00	5		3 SEX		4 RACE		5. DATE C)F BIRTH	6 AGE (IN YEARS LAST BE			IF UNDER 24 HRS
ctor.			FAM	MALE	CAUCA	SIAN	APR	IL °15 1896	91	YRS	ON HE DATS	HOURS MIN.
9	1	31	la BIR	THPLACE (STATE OR FOREIG		OF WHAT COUNTRY	Y? 8		9 BALTIMORE CITY C		OF DEATH	
To s	9		C	RUSSIA	u.s	. A.	MARRIE	DEVER MARRIED DIVORCED	MONTGO	MERY		MD
1		11		Y OR TOWN OF DEATH	11. NAME (OF HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF	BUSINESS OR
ຝ	40	08	SI	LVER SPRING	HOI	SUCH FACILITY GIVE STRE	HOSP.		HOMEMAKE		HOM	E
0		36	130 5		OME OR OTHER INSTITUT COUNTY ONTGOMER	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 8305 MEADO	ZIP CODE	LN.; 2	0815
1		7	14 FA	THER'S NAME	MIDOLE	LAST	14	15 MOTHER'S MAIDEN NA	ME			
mple	exer	50		MORDECHAI	MIDDEE	EPS'	TEIN	DEVORA	Н		EPSTEI	
n and co	medicol	/		(AS DECEASED EVER IN U. ES NO OR UNKNOWN) (IF Y	S. ARMED FORCES			LILLIAN HORO		CHEVY (CHASE, I	MD 2081.
/SICIO	Tool Tool			18 CAUSE OF DEATH (En		per line for al, (b/)	pnd q				APPROXIMA BETWEEN ON	ATE INTERVAL
phy	emo			PART I DEATH WAS C	EDIATE CAUSE (a)	Bronde	onu	monca			I DA	Y
ottending	han, ar r			Canditions, if any, who	ch ((b)	OR AS A CONSED	DUENCE OF	tic cerebro	nazaulaz	Surean		
by the	cremot other tre			gave rise to immedio cause to stating to underlying cause la	he DUE TO	, OR AS A CONSEO	DUENCE OF					SALE!
ned	urio V. or			PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1 a	
n sig	r to b	-	ON ON									
has bee	ene prio	9	CERTIFICATION	19a DATE OF OPERATION	19b CO	NDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING ING CAUSES O	
core	Hygie 18 sho	7	CER	71a. ACCIDENT WAS UNDERLYIN	110110	E OF INJURY A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2)	
ertifi	ntol	4	CAL	OR CONTRIBUTING CAUSE	OF DEATH	P.M.	19					
ter this o	s the but ond Me	1	MEDICAL	WHILE NOT WHILE AT WORK	LATHOME	CE OF INJURY STREET FACTORY OFFICE	E FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TOR: Af	of Health			saw the deceased all abave. (1) (1)	ve on 3 J	UNE 19	hin	ADVIC., 19 Synd that in (my) (cor) opinion	2, ta death accurred on the d		and from the co	
AL DIREC	te Dept		H	276 SIGNATURE	09	G/g	Um	ATTENDING PHYSICIAN	MEDICAL STA		220. DATE ST 4 JUN	GNED JE87
ZER.	Sto	7		224 PHYSICIAN'S NAME	TYPE OR PROTEIN	0		77e ADDRESS				
	with the			DR. WAL	TER GOOZH			2309 SHORE	FIELD RD. SS	SPG, MD		
-	5 3 ≥		23a B	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
P				BURIAL	6/7/	87 K	ING DAL	ID MEM. GARDE	N FALLS CHI	URCH F	AIRFAX	VA.

DHMH - 16 60M 7/84 1 (VRA 15, 4)

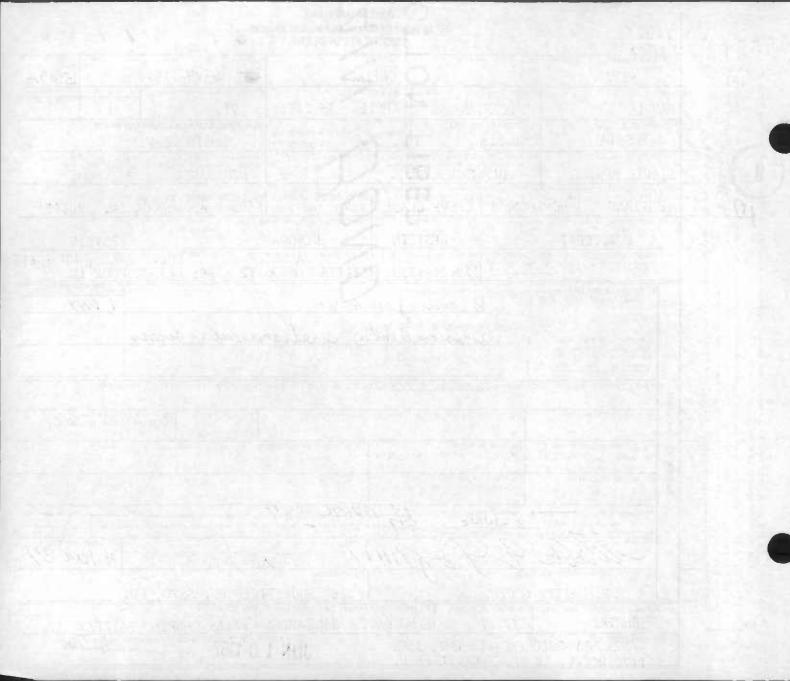
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74 FUNESANIZANSKY-GOLDBERG MEM CHPOFESSINC. 1170 ROCKVILLE PK. ROCKVILLE MD.

VA. 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S STENATURE

7b HOUR

3.09 AM



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	É
CERTIFICATE OF DEATH	(

CERTIFICATE OF DEATH	O	REG N	10.	-	-	6
PARTMENT OF HEALTH AND MENTAL HYG	IENE (1)	-		wy	şt.	

2	3 45	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	Ø /	10.	1	4	
		CEASED NAME	FIRST		MIDDLE	-	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	3. SE		100	4 RACE	,	5 DATE (DF BIRTH	1912	6 AGE (IN YEARS LAST B		UNDER YEAR	IF UNDER 24 H	AIN.
	7a. BI	Female RTHPLACE INTATEORE	OREIGN	Caucas	ian WHAT COUNTRY?	8			9 BALTIMORE CITY	YRS OR COUNTY OF	DEATH		
3	V	irginia		United		WIDOW	D D	MARRIED XX	Montgom				MD.
1/	Та	koma Park		Washii	HOSPITAL, NURSING STEEL AND ACTION ACTION AND ACTION AND ACTION AND ACTION ACTIO	venti:			Companio	OF WORKING LIFE)	126 KIND OI INDUSTRY OWN h	om e	ÖR
5	Ma Ma	ryland	Mont		ROCKVIII		13d INSIDE (NO [13° STREET ADDRESS	Road	2085	51	
1		Ther's NAME	Be	asley	Gray		Lelia	S MAIDEN NAA FIRST	MIDDLE		nbeck		
1		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	225-64-3		17 INFORM		so (sister)	Rockvi	lle, M	1D 208	_
		PART 1. DEATH W	AS CAUSE	nly one couse per D BY TE CAUSE (0)	arcin		tosis	Qb.	Lomen		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND BEAT	TH
			Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Carrainana 2 yrs.										
		Cause 10, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
	NOL	Brani Stern Stooke											
2	CERTIFICATION	190 DATE OF OPERAT	87	Ga.	stric Or	OPERATIO		Truckers	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES			
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	un .	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM IB PART I	OR PART 2)		
1	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE	
		220.1 certify that (1)	on on	6-	e deceased from	\$7.0	27 -	19. S (our) opinion o	leath occurred on the c	ote and hour an	d from the c	hot (I) (we) I	lost
		27k SIGNATURE	186	16	Cho	1		ATTENDING PHYSICIAN	MEDICAL STA		6-1	6-8,	7
1		22 PHYSICIAN'S NA	AME IN PEC	Sm.	,th	7	7610	Carro	oil Ave	×270 7	akom	e Par	- K
		URIAL, CREMATION, I	REMOVAL	June 1	19, 1987		emetery or		23d. LOCATION CITY OR TOWN Danville	Pittsvlv	YANIA	VASTATE	
4		micial Right	h's S					250 DATE					
	473	39 Baltimor	e Av	enue H	lyattsville	e, MD	20781		2 2 190	1	Prender	Ser Grange	-6

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, th

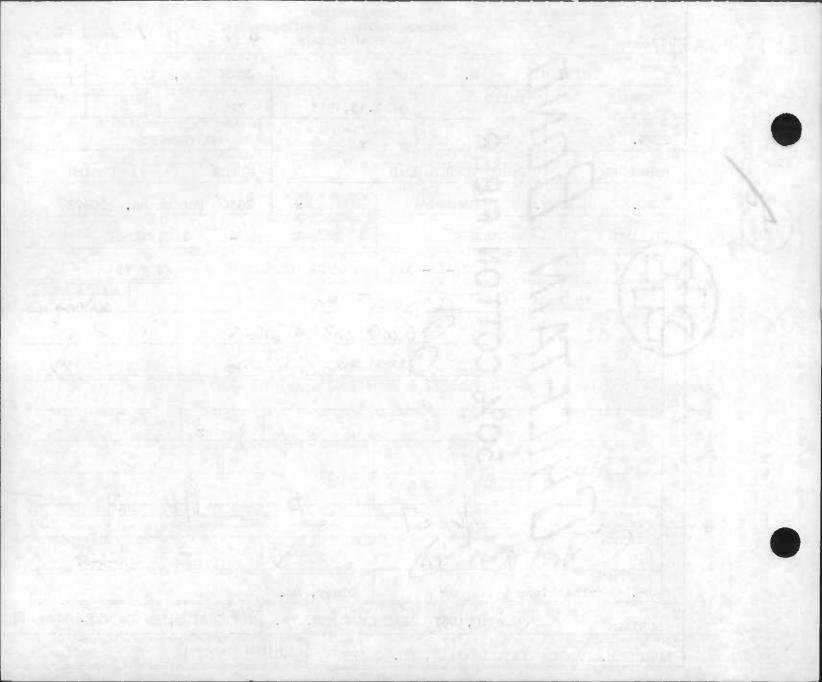
THE STATE OF BUILDING		
now retroit		

5	TATE OF MA	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	
CEI	RTIFICATE	OF DEATH	C

1111	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE REG. NO.	7 / 1 5
H	1 DECEASED NAME FIRST	MIDDLE	(ASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
1	MIRI MIRI	AM B.	GRAY	JUNE 6, 1	987 1:56 ,,
	3 SEX FEMALE	4 RACE WHITE	5. DATE OF BIRTH SEPT. 15, 1915	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER YEAR IF NOTE JAHRS
7	TO BIRTHPLACE ISTATE OR FOREIGN PENN.	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	
P	DAMASCUS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STREE) 26800 PURDUM	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LE	126. KIND OF BUSINESS OR
15.	130 STATE 13b CC	OUNTY DAMASCU	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO Y	13e STREET ADDRESS / ZIP COD 26800 Purdum	Rd. 20872
1	FATHER'S NAME WILLARD	BROUSE LA	- MODLE PRETT	YLEAF LAST	
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 221–22-		ANNIZZO Same as 7	# 13
	Conditions, if any, which gave rise to immediate couse o, stating the underlying couse lost	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	axemona	TOSIS MINAL DISEASE OR CONDITION GIV	VEN IN PART 1
4	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	h operation was performed	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
1	21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IREITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18.1	PART OR PART 7)
	AT WORK AT WORK	(AT HOME STREET FACTORY OFFICE	FARM ETC) STREET	116	COUNTY STATE
	saw the deceased alive	on 191 of the body of the death.		on death occurred on the date and hou	that (It (we) last or a little the couses stated
	226. SIGNATURE	a dark		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6-6-87
	Dr. Charles		Olney, Md.		
	230 BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	June 10, 1987	GRACELAWN MEM. PK		CASTLE. DELAWARE
	24 FUNERAL DIRECTOR MURIEL H. BARBI	ER LAYTONSVILLE,		JUN9 1987 Julia	TRARS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 26 HOUR NELDA JOYCE GRAY JUNE 10, 1987 8:15 4 RACE 5. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY 3 SEX AUGUST 3 CAUCASTAN FEMALE 1934 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED MONTGOMERY ALABAMA DIVORCED WIDOWED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) INDUSTRY BETHESDA BETHESDA NAVAL HOSPITAL Homemaker Home SUAL RESIDENCE HE NUISING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 126 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN VIRGINIA ARLINGTON ARLINGTON YES IX NOF 15 MOTHER'S MAIDEN NAME LAST FIRST SPENCER RYAN ETHEL BENJAMIN ARNETT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 418-42-3490 (Husband) Same as # No None David Grav APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT 18 CAUSE OF DEATH Enter only one cause per line lor ta, (b, and ic PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O) METASTATIC MIXED MULLERIAN TUMOR OF THE UTERUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lol, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NOF NOF 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (EN ER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 19 LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a. Certify that (1) (this hospital attended the deceased from 22 saw the deceased alive of JUNE 1987 MARCH and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (Liwe) (did) (did not view the body after death 22b. SIGNATURE DEGREE ATTENDING

224 PHYSICIAN'S NAME (TYPE OR PRINT) C. . BOTTINO LT MC USNR

230 BURIAL CREMATION, REMOVAL

Buria.

24 FUNERAL DIRECTOR

FOR

22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND NATIONAL CAPITAL REGION, BETHESDA, MD 20814

DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY Pine View Memory Gardens

PHYSICIAN

Selma.

PERSTRAR 25 LEGIS BAR TOR

DHMH - 16 60M 7/84

Silver Spring, Maryland Chambers Furneral Home

(VRA 15, 4)

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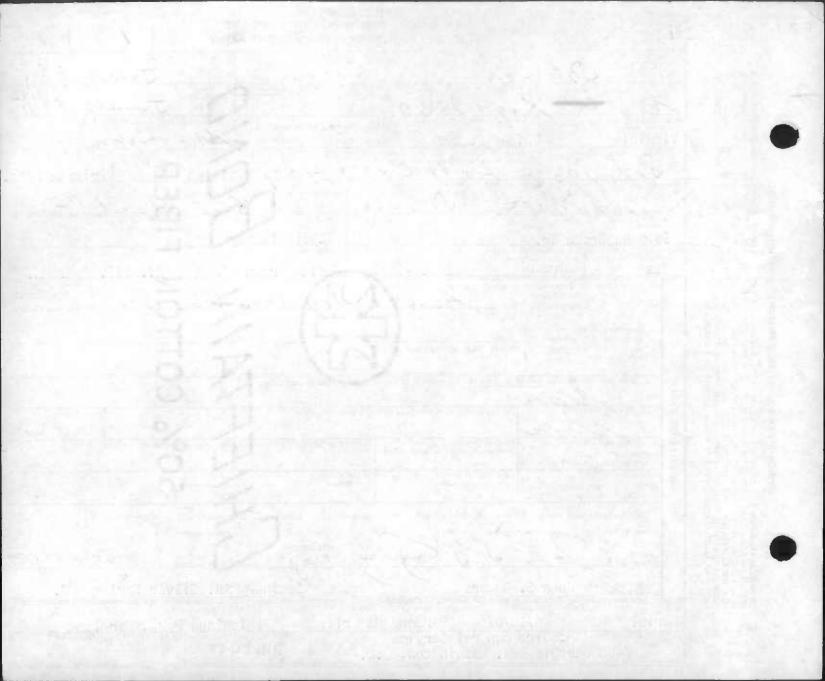
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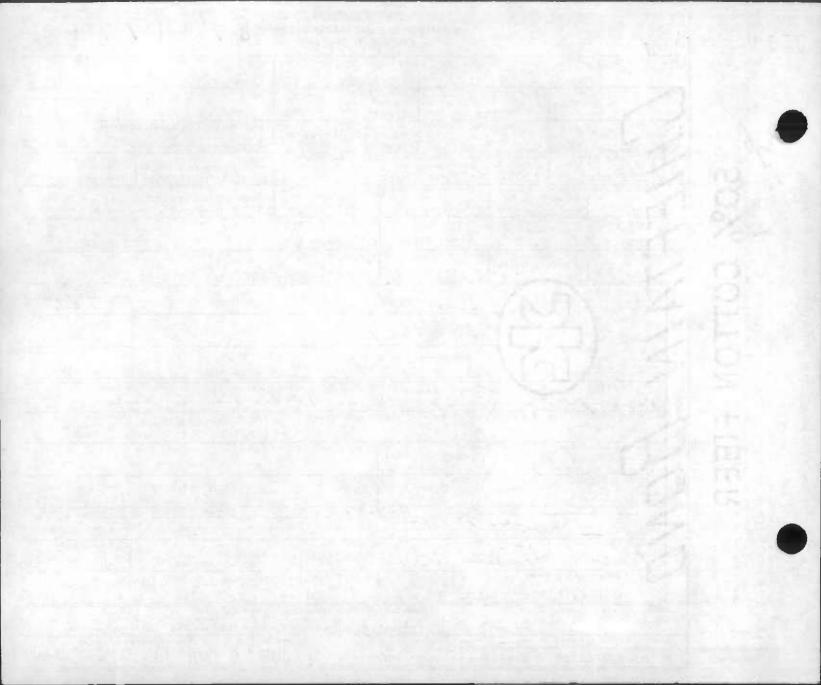
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_	RECTOR. UR FILES. 2 HOURS	3. SEX	A LAL	S. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTHS DAYS HOURS	R 24 HRS. 20 DATE MIN PRONOUNCED DE AD	ADNIH	12 11/1/3
	SARY, YOUR YOUR	70 BI	RTHPLACE (STATE OR	18 CITIZENTOFM	VHAT COUNTRY?	2 -	9 BALTIMORE	CITY OR COUNT	Y OF DEATH
	ECESSA INERAL FOR Y WITHIN		reign country)	United S	tates	MARRIED NEVER MARE		Lon	m. CLY un
	SHIR ON O	18.01	TY OF TOWN OF BEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
8			Vot. Upa	4	oly Cx		Physician		Private Prac
	AND 3 TO AND 4 TO AND	13u 5		OTHER INSTITUTION O	GIVE RESIDENCE BEFORE ADMISSIO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1124	190n2
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	ORE, M.		FIRST	MIDDLE	LAST	FIRST	nkney		LAST
í	Y - /	160 V	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY			DRESS	
	BALTY SS AJ R GIVE VITH FON PAGES NIVISION		es Kore	an	228-20-430	8 Judith Gr	een 607 Hyde	Rd. Sil	. Spg. Md.
	: 5 m >		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		ne for (a , (b), and (c).)	11	1 4 1	- ' \	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ON ST 24 HO 24 HO 26 HO 31 EN J 31 EN L			TE CAUSE (o)	Acab	e My o	estdisi	1)153	
	PREST		Conditions, if any, which	DUE TO, O	K AS A CONSEQUENCE O				
	OI W. P TED WIT XAMINE XAMINE AL-TRA N. OR R		gave rise to immediate cause (a) stating the under-	-	R AS A CONSEQUENCE O	F			
	201 W. UTED W IN PEN EXAMI EXAMI ON, OF		lying cause last.	(c)		Part of the same			
4	CERTIFICATE SHOULD BE EXECUTE TING THE WORD "PENDING". IN SED TO THE CHIEF MEDICAL EX. 23 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND M 1 PRIOR TO BURIAL.	_	PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PA	ART I a		
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	TAL I	CERTIFICATION	Man	170, COND	THON FOR WHICH OPERA	MION WAS PERFORMED!			20 AUTOPSY?
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	ON O FICA		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR M. 19				
	DIVISION OF VITAL RECORDS, 20) W. PRESTON ST IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURDING THE WORD "PENDING" IN PENCIL IN 11EM 11 RDEE TO THE CHIEF MEDICAL EXAMINER ALONG GE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	214. INJURY OCCURRED WHILE AND NOT WHILE IT		OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COU	NTY STATE
	TAAAAE		WHILE NOT WHILE I	1					
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, FORCE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFER DEATH, WITH THE SIS BANTIMORE, MARYLAND, 2		22a I certify that I took charg		escribed above, held on	Autopsy . Inspection	Inquiry	and in my api	nian
	AMIR STIFIC SECT STIFIC SYLP		death resulted from: Natu	ral causes	Accident	nde	Undetermined manner	□,	
	LEXAN ECERTION BOULD BOU		ACTUAL SIGNATURE	5	O CORE	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE	tune 141907
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	TO ME EXECUTOR PAGE TO FUT BALTER		(THE OKE KINT)	S. Roger			nary Rd. Sil	ver Spri	ng, Md.
		23a BI	PIAT	6/18/87		Momonia 1	23d LOCATION	COUNT	Y STATE
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	DHMH - 17 (VR A15 ME (5))				shington, D	.c. J	JN 1 9 1987	ha flored	



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR Thomas J. Griffin 11:55 M June 14. 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER YEAR YEAR Male White August 22, 1907 BIRTHPLACE TATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED United States WIDOWED DIVORCED [Washington, DC Montgomery County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY 15034 Candover Court Silver Spring Advertising Manager Newspaper USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION 138. STATE 138. COUNTY 139. CITY OR TOURS 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES X NOF Silver Spring 15034 Candover Court / 20906 Maryland Montgomery 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Thomas Griffin A. Mame Schmidt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS LYES NO OR UNKNOWNI LIF YES GIVE WAR OR DATES 578-09-9390 No Dorothy Ann Griffin, Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for a b and c PART I. DEATH WAS CAUSED BY whe IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause a', stoting the couse last no pleos THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? hos NO 3 YES T buriol-tronsit p 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATI RE OF INJURY IN ITEM 18 PART OR PART 7 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION TIE PLACE OF INJURY orkedor the b STREET CITY OF LOWN AT HOME STREET FACTORY OFFICE FARM ETC ! WHILE NOT WHILE 220 1 certify that (1) (1) they haspital attended the deceased from June low the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated O FUNERAL DIRECT hould be detached for with the State Dept of 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN XXDIRECTOR PHYSICIAN June 15, 1987 224 PHYSICIAN'S NAME LITTE OF PRINT 2901 Olney-Sandy Spring Road Donald E. Dillon, M. D. Olney, MD 20832 236. BURIAL CREMATION REMOVAL 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION 6-15-87 Cremation Metropolitan Crematory Virginia Alexandria, 24 FUNERAL DIRECTOR Richard Rapp, Inc 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 P. O. Box 43352, Washington, (VRA 15, 4) DC 20010



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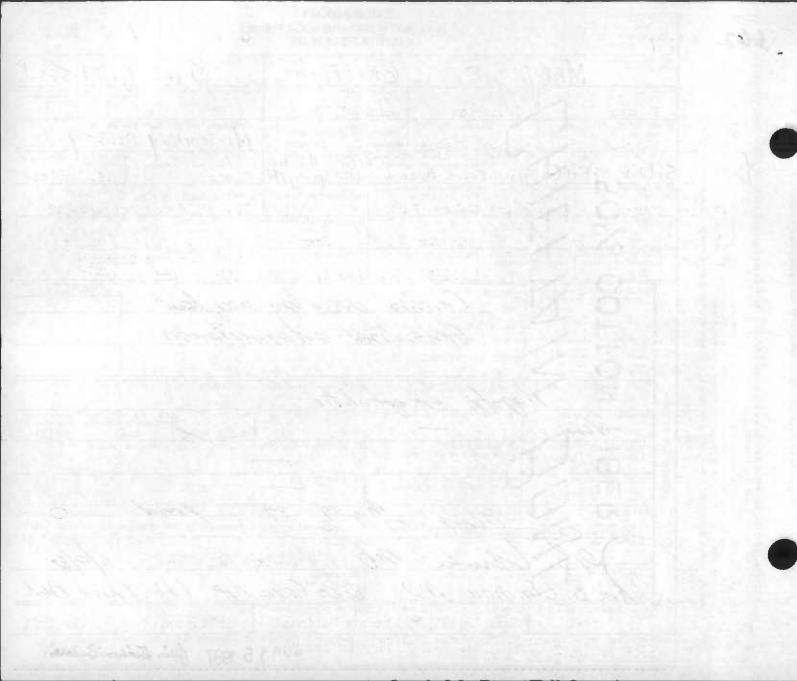
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG NO			

UNIT	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	IENES / REG. NO.	7719
	DECEASED NAM	MAR	4	E,	61	2:FFith	20 DATE OF DEATH MON	E 9, 1987 555
	3 SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	Y) UNDER LYEAR IF UNDER 24 HR
	Female		Cauca	sian		.6,1903	83	YRS
110	70 BIRTHPLACE (TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR CO	
0.75	Florida		Unite	d States	WIDOWE	DIVORCED	MONTSOLLER	y County ,
10	SILVERS	pring.	19/01 31	scord ANE	nu S	PROTHER INSTITUTION C ALLINGE HILL NC SILVER Spr. M. MO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Clerk	126 KIND OF BUSINESS C INDUSTRY U.S. GOV t.
31	UAL RESIDENCE	13h COL		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	CODE
1	Marylar	d Mont	gomery	Takoma P.	ark	YES NO		od Drive/20912
kn	FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S MAIDEN NAV	WE	LAST
P424		vern		Costar		Mary	L.	Baker
4	60 WAS DECEASE		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	8605 Camer	on Street
1	No	(11 120.0		556-36-	5689_	Lee E. Landa		ing, Maryland 209
jvry, av ather tran	gave rise cause (a : underlying	if any, which to immediate stating the cause last.	(c)_	DR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	DN GIVEN IN PART 1 o
100	190 DATE OF	OPERATION	919b. COND	DITION FOR WHICH	PERATIO	N WAS PERFORMED	20s AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
104	-	Vone					YES NO	YES NO
9	OR CONTRIBUT	WAS UNDERLYING OF DI ING CAUSE OF DI TIFY MEDICAL EXAMIN	HOUR A		Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN I	TEM (8 PART (ORPART 2)
deday	(IF EITHER NO.	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 11 120	saw the	that (1) (this hasp deceased alive o) (we) did did n	n	deceosed from_	57. or	2 29 , 19 87 and that in my (aur) apinian	to	nd haur ond from the causes stated
1.4	22b. SIGNAY	DRE 0/5.	Un	whe	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6/9/8
MPOFTA	John	B. C	Im ha	u Mi)	270 ADDRESS (SMI)	Are, Che	us Chose Mr.
		rial	June	15,1987 A	rling	ton National	23d LOCATION CUTYOR JOWN Arlington	COUNTY Virginia
7/84	Bethesda Bethesda	Chevy (Marylar	t A Pu Chase I Id 20814	mphrey Fu	neral	Home Avenue N	REC'D. BY REGISTRAR 25b. I	Sandy Rudes

DHMH - 16 60M 7/8 (VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. N	1-e-1201	7	1	2	0	
MIDDLE	EAST	2a DATE	OF DEATH	MONTH	DAT	YEAR	2b. H	OUR	_
Pag									

	1 - STATE REGISTRAR	DET ARIMET	CERTIFICATE OF DEATH	REG. NO.	1120
	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAT YEAR 26 HOUR
1	TYPE OR PRINT EUR	Rae	GROSSMAN	06 0	20 87 728 4
	3 SEX		DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 1.85
	Female	White	8 21 09	77 YRS	MONTH! DAY MOCKS MIN
	TO BIRTHPLACE TO ATE OF FOREIGN TO THE COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED XXNEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
	Poland	*****	VIDOWED DIVORCED	Montgomery	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Olvey	MA 1	neral Hospitain	Psychologist	Self-employed
	USUAL RESIDENCE & NURSING HOME OR OR 130 STATE 136 COUNT Maryland Mont	TY Silver Spin Give RE IDENCE BEFORE AD. 136 CITY OR TOWN 25 GOMERY SILVER Sp.	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 3619 Tarkingt	E
	14 FATHER S NAME	NDDLE LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE	
	Zindel	Levine	Pearl	without	Adamaszek
٦	160 WAS DECEASED EVER IN U.S. ARA		Y NO. 17 INFORMANT	ADDRES 617	Arbor View Rd.,
	NO NORUNKNOWNI NA SIVE	143 30 3073	Stephen L. G		lver Spring, Md.
	18 CAUSE OF DEATH Enter only	y ane cause per line for lai, (b) and c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS CAUSED	RV T	bstruction		1 Wh
	IMMEDIATE	DUE TO, OR AS A CONSEQUENCE	TE OC	E CAMPETTE E	TI I I I I I I I I I I I I I I I I I I
	Canditians, if any, which	Meta Ta	The Carein s.	1 Just	3 40
	gave rise to immediate	DUE TO OR AS A CONSEQUENCE	TE OF C		
4	underlying cause last	DUE TO, OR AS A CONSEQUENCE	JE OF		
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GI	VEN IN PART Tra
	2 Breast Camein	- Promay 1978,			
7	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED	20a AUTOPSY 2 20b. IF YE	S, WERE FINDINGS USED
4	JH I				FYING CAUSES OF DEATH?
~	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURRE	ED I ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 21
7	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY	19		
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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		attended the deceased fram	19 9 6	to Times 20	19 \$7 , that (1) (we) last
1	saw the deceased alive on above, (I) we) (did (did not	fund 30 19 8	ond that in (my) aur) apinian di	eath accurred an the date and ha	ur and fram the causes stated
d	226 SIGNATURE	view ine body drief dedin	DEGREE		224 DATE SIGNED
	Tould ?	tille De	ATTENDING PHYSICIAN M	MEDICAL STAFF DIRECTOR PHYSICIAN	Tune 20,1987
	224 PHYSICIAN'S NAME LITYPE OR	PRINT)	22e ADDRESS 24 01	Olun Sandy S	sun & R.S
	Consid E.	Dillon, M.D.	0	may oud 20	832
	23a BURIAL, CREMATION, REMOVAL Burial	236 DATE 22,1987 June 22,1987 J	ME OF CEMETERY OR CREMATORY Adean Memorial Par	23d LOCATION CITY PORT MAN	BIAIZ SHAZ
		Duile 22,190/ JU			
	24 FUNERAL DIRECTOR	arson Funerals Hom	25a DATE	REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
		alls Church, Va.		N 43 1901	

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315							STAT	E OF MARYLAND	AT I			
0.2	JUL	-13-	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	0/	G. NO.	7 1	2
			CEASED NAME FI	RST		WIDDLE		AST	20 DATE OF DEA	TH MONTH B		2b HOUR
e at			4/1/1) in	7.			GROVE	Jon	0 20	87	15/0 8W
funeral director page 3 thin 72 havrs after death		3 SE	Ŧ11 12	4. F	ACE	0 0	5. DATE (DAY YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	NINDER YEAR	IF UNDER 24 HR
direct	-	7a BI	RTHPLACE ASSATE OR FORE	GN 7h	CITIZEN OF	WHAT COUNTRY		23 11	9 BALTIMORE C	TY OR COUNTY	DEDEATH	
72 h	3/	(W. VA.	70	U.S		MARRIE	D NEVER MARRIED C		GOMERY CO		
within	07/		TY OR TOWN OF DEATH	11.	NAME OF H		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCI		126 KIND C	MD F BUSINESS OR
by th	John College		NSINGTON		KENSIN	GTON GAR	RDENS I	т. н.	HOMEMAK		AT	HOME
Med he	5	13a S		COUNTY		GATTHER	WN	134 INSIDE CITY LIMITS?		ESS / ZIP CODE	D TERF	R. 20879
impletely	- Xohine	14 FA	THER'S NAME FIRST MILLARD	MIDE		TRUSSELL		15 MOTHER'S MAIDEN N	NAME	UNKN	OWN	л
d co	dical		VAS DECEASED EVER IN L	J.S. ARMEL		16b SOCIAL SEC	CURITY NO	17 INFORMANT	1	DDRESS	7	
Pag	med		NO			214-42-	4088	JACKIE GRO	VE	(SAME AS		11 07
Paris Paris	West, B		18 CAUSE OF DEATH (E PART I, DEATH WAS	nter only of CAUSED B	γ.	line for ial, (b), a	and (c.)	1 BREAUTE	- motar	tales.	1	MATE INTERVAL ONSET AND DEATH
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111	group.		Conditions, if any, wh		(b)				THE STATE OF			
by the ise real	athe		gave rise to immedicause to, stating underlying cause 1	the <	DUE TO, OI	R AS A CONSEO	UENCE OF					
pleo	, ar	100	PART 2 OTHER SIGNIFIC	CANT CON	IDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR	CONDITION GIVE	V IN PART 10	0
Then Then	injur	NO NO	CEN	EBA	AL	Ather	oscle	+015.				
permit.	2 any	CERTIFICATION	190 DATE OF OPERATION	٧	196. CONDI			N WAS PERFORMED	200 AUTOPSY	IN CERTIFY	WERE FINDING CAUSES	
ansit Hygre	80 ×	CERT	210. ACCIDENT WAS UNDERLY		21b. TIME O	FINJURY M. MONTH I	DAY VEAR	21c HOW INJURY OCCU				
ial-tr intal	me w	CAL	OR CONTRIBUTING CAUS		P.J		19					
the bur	ed ord	MEDICAL	21d INJURY OCCURRED	П	21e PLACE (OF INJURY BEET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	City	OR TOWN	COUNTY	STATE
Afte e as alth	mark		22a.1 certify that (1) (4h-	- horoital)	ottended the	e deceased from		3-31 10 8	> to 6	- 28 10	85	that (1) (we) last
for us	121 is	2	saw the deceased a	live on	6	- 4 19.	P\	nd that in (my) (pur) opinio	n death accurred on	the date and hour		
RAL DIRE	T. If them		Morton	cl	Lh	4	m. C	ATTENDING PHYSICIAN	MEDICAL PI	STAFF HYSICIAN []	6/2	SIGNED (
TO FUNERAL shauld be deto with the State	MPORTAN		Morton	A	しナノ	chule	r, wip	120 ADDRESS 199 ~ ()	Amsirta	- 1	firing	- md
7 4 3	2		BURIAL, CREMATION, REA	NOVAL Z	36 DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
			CREMATION		6-29-	1987	CHAME	ERS CREMATOR				Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

W. W. CHAMBERS CO. INC.

24 FUNERAL DIRECTOR

CHAMBERS CREMATORY

RIVERDALE,

P.G.C.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

SILVER SPRING, Md.

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(gr) NEET UA MOUNT)		680 (45) HZB	ongs are the fact non	
		1747			

1/411-22	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO	7/22
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ictoria	Ε.	Hackett	6/11/87	12:30
1.50		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER LEAR IF NOER 25 HR
	FEMALE	WHITE	OCT. 1, 1899	87 YRS.	MON 5 DAYS HUSE MIN
	INTERNATION FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
55	MARYLAND	USA	WIDOWEXX DIVORCED	MONTGOMERY	Y CO.
B. 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS C
310	ROCKVILLE		JTHERAN HOME	HOMEMAKER	AT HOME
23 100	AL RESIDENCE IF NOR ING MOME OF STATE 136 COUR		TLLE YES X NO	13e STREET ADDRESS / ZIP COI 7000-BEACI	HMONT DRIVE
060	EARL ALLI	SON EVANS	IS MOTHER'S MAIDEN NA FIRST FLORENCE	MIDDLE	LEWIS
removal.	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE	nly ane cause per line of 6. (b. an	-6414A- REV.DR.1	REICHARD- NLH	-ROCKVILLE, M. APPROXIMATE INTERVAL BETWEEN CHASET, AND DEAT
at, emotion, or	Conditions, if any, which gave rise to immediate cause a stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b)			
T)	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART 1 a
1 5 / 4				YES NO IN CERT	FYING CAUSES OF DEATH?
d or hom till the	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM B	PART OR PART 2)
	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	a corparoun	ECUMPI STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

THERATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING

MORELAND MEM.PK.CEM-BALTIMORE, MARYLAND

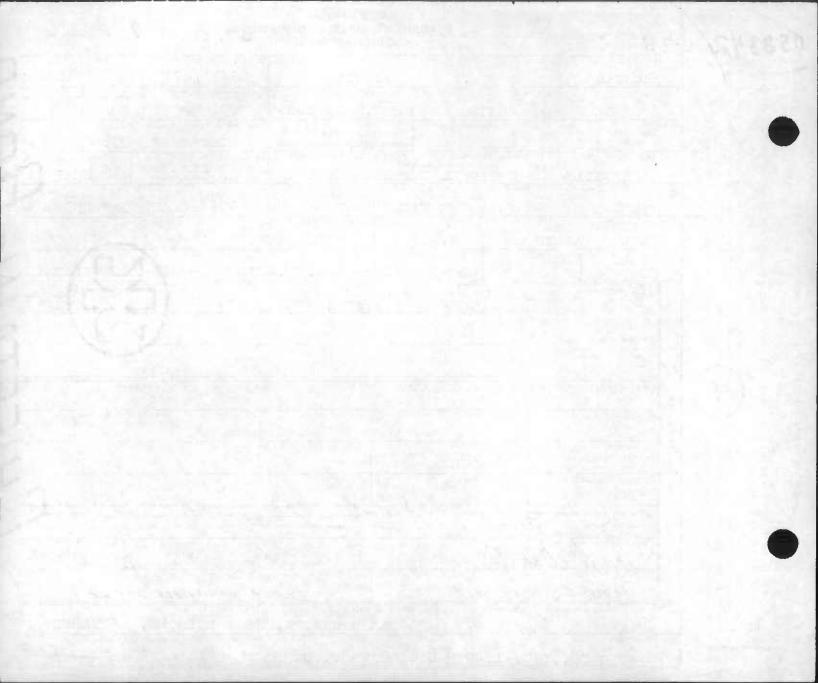
MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

Baridan Pandales

6/15/87 BURTAL 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

HYSONG CO., INC.-1300 N ST., NW WASH., DC. MIN 30



STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	8

					STATE	OF MARYLAND					
1	FOR			DEPARTA	AENT OF H	EALTH AND MENTAL	HYGIENE 🙊	7	1 7	1	2 0.
1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	1 /		-
1 DE	CEASED NAME	EIRST	A	AIDDLE	L	AST	20 DATE	OF DEATH MO	NTH DAY	YEAR 7	2b HOUR
TIYE	E OP PRINTI	Put	E E	thelyn	+	tall		Ju	M2 8,	1987	5:30
3 SE	X	4.6	RACE		5 DATE O		6 AGE (IN YEARS LAST BIRTHD.			IF UNDER 24 HRS
	Female		u	hite	MONTH	-/2- 13		73	YRS		HOURS MIN
TE B	IRTHPLACE (STATE OR FO			WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIA	AORE CITY OR	OUNTY OF E	EATH	54
(Ohio	U	J.S.A.		WIDOWE		o Mi	onta	ome	ny C	ountino.
10 C	ITY OR TOWN OF DEAL	H 11.		OSPITAL, NURSIN		RIOTHER INSTITUTION		OCCUPATION		b. KIND OF	BUSINESSOR
10	Ikomato	ink F	teri	ace H	eath	Care Cente	0 10	emaker			Home
	AL RESIDENCE (IF NURSIN	IG HOME OF OTH		13c CITY OR TOW		13d INSIDE CITY LIMITS	? 13e STREE	T ADDRESS / Z	P CODE		
V	Maryland	P.G.	25 Sible	Riverdal	e	YES NO	6315	59th Av	enue	20737	
II F	ATHER'S NAME	MIDI	DIE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
1	Herbert		S.	White		Anna		Mobile	S	tewar	+
	WAS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT (So	n)	38 DRESS	0th Av		
	YES, NO OR UNKNOWN	(IF YES, GIVE W		218-03-90	140	William H. H					20722
	18 CAUSE OF DEATH	Enter poly p				irringin II. 1	Idil, St	· Corrac	ECITY		ATE INTERVAL
	PART I. DEATH WA	S CAUSED B	Υ			motoric				MILI	1-4h
		MMEDIATE C	AUSE (a)		4/-1	1107 10 USIX				10.	1) 1 - 1
			DUE TO, OF	R AS A CONSEQUE	NCE OF						
	Canditians, if any,		(b)								
	cause (a), stating	the 1	DUE TO, OF	R AS A CONSEQUE	NCE OF						
	underlying cause	last	1c)								
_	PART 2 OTHER SIGN	FICANT CON	NDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TI	ERMINAL DISE.	ASE OR CONDIT	ION GIVEN IN	PART 1 a	
O				01	4						
CAT	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a. AL	ITOPSY? 20	LERTIFYING	CAUSES O	S USED
CERTIFICATION							YES [NOD	YES [NO [
CER	21a. ACCIDENT WAS UNDE		216. TIME O		V V540	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART I C	PART 21	
¥	OR CONTRIBUTING CA		P./	M. MONTH DA	19						
MEDICAL	21d. INJURY OCCURRE		21e PLACE (211 LOCATION					
W	WHILE NOT WHIL	E 🗆	(AT HOME STR	EET FACTORY, OFFICE FA	ARM ETC)	STREET		CITY OR TOWN		YINUO	STATE
	22a.t certify that (1).	/	attached the	(days and ()	1	1/3	6	6 Ju	rt int)	
	sow the deceased	77	F 9	Gecedsed from	7	d that in (myr (aur) apini	an death accur	red on the date	and hour and		at UK (we) last
	abave, (I) (we) (di	didid not vi	ew the bady	after death				red dirine date			
	118. SIGNATURE	1	8		M	ATTENDING	G MEDICA	L STAFF		22c. DATE SI	GNED
	///				/	PHYSICIAN		R PHYSICIAN	1	011	USIST
	224. PHYSICIAN'S NA	ME (TYPE OR PR	(INT)	1/	1	22e ADDRESS / /2	11	11)	. 1	(1)	1000
	1110	190	1 4	160mi	12,14,	p /// Co	NOW	Tangh	IXTY	1/	8 2090
23a	BURIAL CREMATION, R	EMOVAL Z	3b DATE	23c N	AMÉ OF CE	METERY OR CREMATOR	RY 23d. LO	CATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 06/11/87

23c NAME OF CEMETERY OR CREMATORY George Washington Cem.

Hyattsville P.G.

Maryland

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUN 1 2 1987 Julia Desideon Rondon

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0		. 1	
0557	L	4	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	f		
	REG.	NO.	

1.	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYGIE FICATE OF DEATH	ENE O /	17/24
[TYP]	tho da	RHODA MIDDLE	140	unitor1	66/	ST YEAR 26 HOUR A
3 SE	Female	4 RACE WHITE	5. DATE	01 0111111	AGE (IN YEARS LAST BIRTHO	YRS.
	MD.	76 CITIZEN OF WHAT CO	MARRIE	ED NEVER MARRIED	MONTGOMERY	
	AITHERSBURG	HERMAN WIT			(TYPTEACHERSTOFW	VORKING LIFE) 126 KIND OF BUSINESS OR INEDUCATION
130.	AL RESIDENCE IF NURSING HOMEOR STATE 13b. COUN MONT	ITY 13c. CITY	ence before admission) OR TOWN THERSBURG		3e.STREET ADDRESS / Z 407 RUSSEL	
14 F/	ATHER'S NAME PIRST MARMADUKE	HAMIL	PON LAST	ALICE N	MIDDLE	W ELCH
	NAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) NO	E WAR OR DATES)	-40-7569	W. H. HAMILTO	1610 ADROS ON FREDERI	CK, MD. 21701
	18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	E CAUSE (a)	H. F. DINSEQUENCE OF	7-Chro	nic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT		NOT RELATED TO THE TERMIN	20a AUTOPSY?	ION GIVEN IN PART 11a Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
MEDICAL CERTIF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 11F EITHER NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED WMILE NOT WHILE		NTH DAY YEAR 19	216 HOW INJURY OCCURRE	YES NO CONTROL NOTICE OF INJURY I	
	220 I certify that (I) (this haspit saw the deceased alive an.	4 1 11	79	DEGREE ATTENDING	MEDICAL STAFF	,
	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	JUNE 2,1987		CEMETERY OR CREMATORY ASH. CREMATORY	LAUREL P.	GEORGE MD. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic shauld be detached for use as the burial-transit permit. Then please remave carban-pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

njury, ar ather traumatic event,

18 shay

MPORTANT: If Item 21 is marked or Item

24 FUNERAL DIRECTOR
MURIETE H. BARBER

LAYTONSVILLE, MD. 20879

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1087

A.S. H. Dr Chesnic 105 Killed 11 1 150 Continer since 15. Mar. 20877 A THE SECOND STREET WILLIAM STREET, AND THE SECOND STREET, AND SECOND

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	1-	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL HYGI ICATE OF DEATH	0 /		11	2 5
4	1. DEC	CEASED NAME FIRST		MIDDLE	£.	AST	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
-	(TYPE	OR PRINT)		М.	1АН	vn l	Jun	19.	1987	10:45 _M
И	3. SEX		4 RACE	11.	5 DATE C		6 AGE IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
		Female	Whit		Aug	. 12, 1918	68	YRS	VINS DATS	HOURS MIN.
7		RTHPLACE STATE OR FOREIGN		WHAT COUNTR	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C			
1	_	Georgia		S.A.	WIDOWE		Montgome	-		MD.
S	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STR	REET ADDRESS]		120 USUAL OCCUPATE	E WORKING LIEFT	INDHISTRY	F BUSINESS OR
Z.		aithersburg		Downing		# 202	British In	tellige	nce C	Gov't.
5	13a S	AL RESIDENCE HE NURSING HOME OR ITATE 136 COUN Monto	ITY	13c CITY OR TO		13d INSIDE CITY LIMITS?	17108 Down	ZIP CODE	.#202	/ 20877
-		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM				
7		Frederick	R.	Hand		Jennie	May		Wel	sh
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
		No None				6-0073 Jenny Connor (Daughter) Same				
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY:		ING-	cance	1		- 1	MATE INTERVAL ONSET AND DEATH
		IMMEDIAI	E CAUSE (a)						1000	143
		Conditions, if any, which	(R AS A CONSEC	DUENCE OF					
		gave rise to immediate couse (a), stating the	DUE TO O	DAS A CONISE	DUENICE OF					
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF								
	z	PART 2 OTHER SIGNIFICANT C		ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1 a	,
0	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES. W	ERE FINDIN	IGS USED
n	IFIC,	The Date of Grant Control	1,00000					IN CERTIFYIN		OF DEATH?
7	ER	210. ACCIDENT WAS UNDERLYING	216 TIME C	F INJURY		21c HOW INJURY OCCURRE	YES NOW YES NO [NO []
Ŋ.		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR		(Little in the bit in the			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P. PLACE	OF INJURY	19	21f LOCATION				
d	ME	WHILE NOT WHILE AL WORK		REET, FACTORY, OFFI	CE, FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this haspit	al) attended th	e deceased from	n	, 19	, ta		, †	that (1) (we) last
		saw the deceased alive on abave, (1) (we) (did) (did na		after death.	, an	d that in (my) (aur) opinian de	eath accurred on the de	ate and hour ar	nd fram the c	causes stated
		22b. SIGNAPUE	0			DEGREE		- 120	22c DATE S	SIGNED
		Kapal	he od	ren	M.	ATTENDING PHYSICIAN X	MEDICAL STAI		June/	20/87
/		22d PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				
		Ralph Coan,	M.D.			4400 East-We	st Hwy. #10	030 Betl	nesda,	Md.
		URIAL, CREMATION, REMOVAL		23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		0	//
		Cremation	JUNE 20	1987	Chamber	s Crematory	Riverdale	, P.G.	Co., 1	Maryland
		INERAL DIRECTOR		1	c		REC'D, BY REGISTRAR	256 REGISTRAF	R'S SIGNATU	JRE .
	W.	W. Chambers Co	., Inc.	Silve	r Sprin	g, Md.	24 1987	Julia	Dander	n. Randalls

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

AMORTANT: If Item 21 is marked

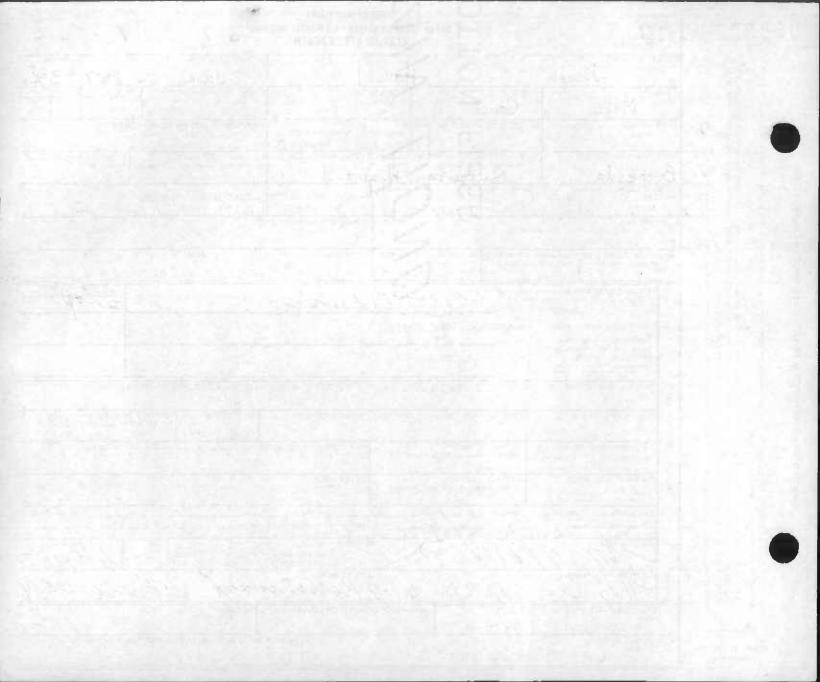
TO A ROLL BOOK OF MAN WAS A STATE OF THE STA

8 3 0 2 44	1.	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	CIENE & /	11120
e 4 may be tor page 3 ofter death		CEASED NAME ORPRINT) JOSEPH	4 RACE S DA	ASCI SEL STEP OF BIRTH ONLY YEAR	20 DATE OF DEATH JUNE 6. AGE (INYEARS LAST BIRT	MONTH DAY YEAR 26 HOUR 24 1987 3 5 M HDAY) IF SINDEP I SEAR IF INDEP 23 HRS. MONTHS DAYS HOURS MIN.
er death. Page te funeral direct within 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH			9 BALTIMORE CITY O	MD. 126 KIND OF BUSINESS OR
tely filled in by 2 should be filed finder russ be	130. 5	AL RESIDENCE IF NURSING HOME OF STATE MA. NTHER'S NAME FIRST	Suburban +	ospital	13e.STREET ADDRESS / 4721 Gro	
be executed on ond comp rs. Pages 1 on		VAS DECEASED EVER IN U.S. AR VES., NO OR UNKNOWN) (18 YES. GR		O. 17 INFORMANT	ADDRE	
equires that the death certificate in signed by the attending physic. Then please remove carbon paper to burial, cremation, or removal injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c) CONDITIONS CONTRIBUTING TO DEATH	DF	vinal disease or cont	DITION GIVEN IN PART TO
nos bee	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: The strength of the certificate if the buriol-tronsit ond Mentol last should be sho	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YE	211 LOCATION	RED (ENTER NATURE OF INJUR	
pitat OR ATTENDININININININININININININININININININI		270 I certify that (I) (this hosp saw the deceased alive an obove, (I) we) (did) (did no 27b. SIGN AVERE	on view the body ofter death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store Impropriately Impropriately 1997).		BURIÁL, CREMATION, REMOVAL	WARD 6/	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Sethleson 208197
BP		Removal	6-26-87			

DHMH = 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR State Anatomy Board 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

June 26 1997



death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

etarned by the haspital ar attending physician.

BP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	j	1	1	2	-
EATH		0.14	WE LO	Ta	P

12	FOR STATE		DEPA		IEALTH AND MENTAL HYG	GIENE 8 7	177	21		
91	REGISTRAR					REG. NO				
	CEASED NAME FI	RST /	MIDDLE	11	AST P	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR		
	Char	-105	H	Hai	rington	6-24	-87	9:25 Pm		
3 SE	X	4 RACE	21	5. DATE (OF BIRTIN	& AGE (IN YEARS LAST BIRTHD	MON'HS DATE			
	malt	Luh	1+83	17	- 31-74	62	YRS	HOURS MIN		
70 B	IRTHPLACE (STATE OF FORE)	GN 76 CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY OR				
1	Virginia	US	30	MARRIE		Montgom	ery County	7		
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR		
		(IF NOT IN SU	CH FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FOR MOST OF W	ORKING LIFET INDUSTRY	Υ		
	ilver Spring			oss Hos	pital	Sheet Met	al Worker			
130	STATE 136	COUNTY	136 CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z				
M	aryland F	rederick	Monro	via	YES NO		ridge Dr.	21770		
14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		AST		
1	unknow	100.00	arringt	on	Gertrude Page					
160	WAS DECEASED EVER IN L		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS				
1	YES NO OR UNKNOWN) (#	YES GIVE WAR OR DATES!	579-20	-9773	Rena K.	Harrington,	Item 1	13		
	18 CAUSE OF DEATH IE	nter only one couse pe	Que for 101, 1b	, and ic	1		APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH		
	PART I. DEATH WAS	CAUSED BY	ances	roma	5) liene		141	7.		
	100/				1		- 10			
			R AS A CONSE	QUENCE OF						
	Conditions, if ony, who gove rise to immedi									
	cause oi, stating underlying cause I	the DUE TO, C	R AS A CONSE	OUENCE OF			6367			
	onderlying coose i	(c)_								
z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10		
CERTIFICATION	190. DATE OF OPERATION	N 1195 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	206. IF YES, WERE FINDINGS USED			
5	The bare of oremine.					II III	N CERTIFYING CAUSE	S OF DEATH?		
E		all Time	SE INCLUDIV		Tal. How brings occupy	YES NO	YES	NO 🗌		
	210. ACCIDENT WAS UNDERLY	110110		DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)			
OAI	LIFEITHER NOTIFY MEDICALE		.M.	19						
MEDICAL	21d INJURY OCCURRED		OF INJURY	CE EARA ELL	THE LOCATION	OTY OR TOWN	COUNTY	STATE		
5	WHILE NOT WHILE		KEET FACTORY, OF	11.	1 0/	1/1				
	22a. I certify that (I) (the	s hospital) attended t	deceased from	om Old	3 10 03	111/24	1907	that Ill We Nost		
	sow the deceased a	live on Old	ta	5 M	nd that in my (our) opinion	death occur ed on the date	and hour and from the	e couses stated		
	22b. SIGNATURE	(did not) view the bad	nter death.		DEGREE		122E 0/AT	E SIGNED.		
	min	m L.Le	nkew	mo	ATTENDING	DIRECTOR T PHYSICIAL	10/2	4/37		
1	224 PHYSICIAN'S NAME	UE OR PRINT)	101000	1.12	1220 ADDRESS _ 730	9 SHAREF		16		
	murin	L. LENK,	11 1	no	1.11/2	-11-71	IECD / K	0		
	1.1/10010		,		WHE	HION MO				
230	BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION	COUNTY	SIATE		
	Burial	June 2	9,1987	Pa	rklawn	Rockville,	Montgome	ry, Md.		
24 F	UNERAL DIRECTOR				250 DAT	E REC D. BY REGISTRAR 256	REGISTRAR'S SIGN	LURE ALLA		
	Olin L. Mol	esworth, P.	A., Dami	ascus, l	Md.	IN 26 1987 5	ma grant			

DHMH - 16 60M 7/B4 (VRA 15, 4)

I.O. FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burnal-transit permit. Then please remove corbanpapers. Pages. I with the State Dept. of Health and Mental Hygiene priar to burnal, cremation, or removal.

injury, ar other traumatic event. th

IMPORTANT: If Item 21 is marked or Item 18 shows any

					STAT	E OF MARYLAND				
6		1	FOR STATE			EALTH AND MENTAL HYG	IENE Q 7	1 3	1 1	2 8
	THE R	0.0	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	1	-	Em O
	2301			Vivian MDDLE B.		ASI Hartman		AONTH DAY	YE AR	26 HOUR
noy be poge 3		LIABE	ORREINT)	an B.	tar	tman	June	08.1	987	08051
po ber d		3 SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	(DAY) IF L		IF UNDER 24 HRS
cto:	125		Female	White	Aug	17, 1912	74	YRS	HIMS. DATS	MOURS MIN.
Pog dire	10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR		DEATH	
eoth.	6/	(New York	U.S.A.	WIDOWE		monta	one	ru	MD
p 5g	州方	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	N		BUSINESS OR
# # # # # # # # # # # # # # # # # # #	30	R	etherda	Ju bur ber	n H	tes oital	Homemake		Own :	Home
9 18	25,0	USU/	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	12. STDEET ADDRESS /	7IP CODE		77 77 77
7. 10	135	A		gomery Potoma		YES X NO	8001 Fall	s Road	/20854	
1-8	11日4一	14 FA	THER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
1	1		Julius	D. Behrm	ann	Elmira	minute.		Prat	t
a. 14	111		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO	17 INFORMANT	1372	3 Alch	ester	
9 6	E/	- 1	No	377-32-	9510	James A. Bel	rmann, Hous	ton, T	X 770	97
sicio pers	. th		18 CAUSE OF DEATH Enter on	ly one couse per line for 1976, on	d IC	E	1		APPROXIMA BETWEEN ON	ATE INTERVAL
phy phy on po	emov		PART I. DE ATH WAS CAUSE IMMEDIAT	E CAUSE (o)	201	ary Ja	brosis		1400	The
ding orbo	or re			DUE TO, OR AS A CONSEQUE	NCE OF					
deot	tion, oum		Conditions, if ony, which	((b)						
the the	ertr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
thot by eose	or oth		underlying cause last	(c)						
gned gned	ry, o	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	TION GIVEN	IN PART Tro	
en si	or to	CERTIFICATION								
low s be	out)	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDING	S USED F DEATH?
The cion.	le de	RTIF	/Xune			Va	YES NO X	YES [NO 🗌
AN: hysicop fron	18 S		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	The second of th	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
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PHY endi	Mon	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OF TOW	N	COUNTY	STATE
NG of the	lth o		AT WORK AT WORK		-61	7	6/	7	0	
OR OS	Heo		22a. I certify that (I) (this hospit sow the deceased alive on	tol) ottended the deceased from	/ /	nd that in (my) (our) opinion d	enth occurred on the dat	, 19_		ot (I) (we) lost
ATT ospit ECTC d fo	m 2 l		obove, (1) (ave) (did (did no	ti view the body after dooth		DEGREE	eom occorred on the dor	e dha noar an		
OR he he	Per F		226 SIGNATURE	the h		ATTENDING)	MEDICAL STAFF		22c DATE,SI	7/57
by the	T Z		22d BHYSICIAN'S NAME (TYPE O	0.0015171		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICI.	AN []	//	/ 1
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DHMH 16 6			NAME	ADORESS			1 7 1007	Julia Da	Cordson K	adall.
(VRA 15	, 4)		TOU WISCONSIN	Ave. NW. Washingto	n.D.C	- SOOTO 701	148/	J		

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND		100		# 1
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7	1/	1	Lu
CERTIFICATE OF DEATH				

16	TOT	1	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	1//2	7
. =		I DE	CEASED NAME FIR !	MIGDLE		1A51		MONIH DAY YEAR	126 HOUR
death		YPE	GR PRINT)	niel B.	1	Hasson		6 2687	710 74 M
ter p		3 SE	X	4 RACE	5 DATE	OF BIRTH	6 AGE TIN YEARS LAST BIRTH	HDAY) IF NUEP YEAR	4 - 2 3 NV
urecto urs a			'MI	Caucasian	4	24 11	76	YRS	BOJE MIN
ol d	Par I		RTHPLACE THE OF FOREIGN COUNTRY	76 CITIZEN OF WHAT COUNT	RY? 8 MARRII	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
uner nin 7	\$_\		w Jersey	43	WIDOW		Montgome		MD.
t e d	3	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
B /	120	U	heaton	Universit	y Dur	S. (Conv. Hon	c Execution	se Adver	tisement
1	35	13a 5		E OR OTHER IN 11 TU ION SIVE RESIDENCE BI DUNTY 13% CITY OR T MAGOMERY SILVEY	OWN Spring	138 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
311/			THER'S NAME	rugomety (shoet	. Sprane	15 MOTHER'S MAIDEN NAM	ME LEVENT	ck Lane 2091	0
33/	5/		FIRST Excush	MIDDLE LAST	10	Emmeline	MIDDLE	J Patroati	1
3 5	0	Ing. V	Frank VAS DECEASED EVER IN U.S.	ARMED FORCES? 1166 SOCIALS		17 INFORMANT	Husted		<u>u</u>
on ond	e medic	1	es NOOPUNKNOWN WWII	GIVE WAR OR DATES		Caroline A.	Hasson/wife	same as 13	3
ysicio opera	t, th		18 CAUSE OF DEATH Enter PART I DEATH WAS CAU	only one cause per line for an b	ord cf		1	BETWEEN (MATE INTERVAL ONSET AND DEATH
on po	eve			DIATE CAUSE (a) MP a	slalic	carcinor	na, bone	and Lev	eral week
arb	ofic	- 1		DUE TO, OR AS A CONSE	OUENCE OF		(ive	-	
atter ove	a u		Conditions, if any, which				(170		
the rem	ier tr		gave rise to immediate cause a, stating the		OUENCE OF				
d by	roth	70	underlying cause last	(c)					
signed hen pli	njury, o	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	a
been mit. T	À	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDIN	NGS USED
hos per	Sw.	F					YES TI NOT	IN CERTIFYING CAUSES	OF DEATH?
onsit 1ygi	8 she	CER	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			
of tra	E	_	OR CONTRIBUTING CAUSE OF I	DEATH	DAY YEAR				
burii Mer	=	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
the and	ked	A	WHILE ONOT WHILE O	(AT HOME STREET FACTORY OFF	CE FARM ETC)	STREET	CITY OF TOW	COUNTY	STATE
Afte os	mor			ispital attended the deceased fro	m 10	7/19	10 Tune 2/	10 07	that (I (we) last
OF H	21 is		saw the deceased alive	on luke 26 1	0 -	nd that in (my) (our) opinion o	leath occurred on the dat	01	
REC Fed f	Fem		above, (I) (we) (did) (did) 22b. SIGN E	not view the body after death		DEGREE		220 DATE	SIGNED
of Di	#		(Konn)	t 11/1/orle	17.	M.D. ATTENDING X	MEDICAL STAFF		0 2/ 1987
Sto d	Z		224 PHYSICIAN'S NAME (TYP	PE OR PRINT	70	22e ADDRESS	J DIRECTOR [] THISICI	1991	70901
TO FUNE shauld be with the S	MPORTAN		Bennet A	A. Korter 1	r. Mi	9301 Cale	Is alling	S. Iver Comin	M
OT sho	<u>₹</u>	23a 8	URIAL, CREMATION, REMOVA	AL 1236 DATE 1 2	31 NAME OF	EMETERY OR CREMATORY	23d LOCATION	O THEI- PITT	Fillat
			cremation			litan Cremato	CITY ON TOWN	COUNTY	STATE
14 :01	7.0	24 FL		is J. Collins	7 to	250 DATE	REC D. BY REGISTRAR 2	SY REGISTRAR'S SIGNAT	De Care
r - 16 60M VRA 15, 4)				Blud. W Silver		MD 20901	1 4 198/ 8	intra houses.	
,			ou university	DEVIL. W SILVER	Sprany	, MV 20901			

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death certificate be

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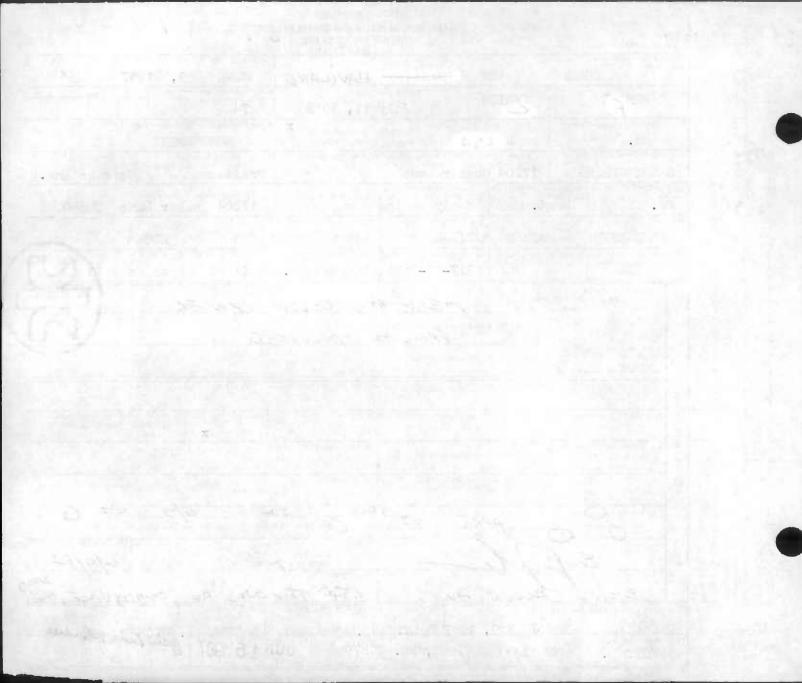
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	b	FOR STATE REGISTRAR					ICATE OF DEATH	REG.	1 7 NO	/ 3	O.	
		CEASED NAME	RAH	AN	N N		HAVILAND	JUNE	9,	1987	26 HOUR	, M
	3 SE	× FEMALE		WHIT	E	July	7 11, 1912 YEAR	6 AGE (IN YEARS LAST E	(IRTHDAY)	MUN H JAT	FINEER 2	Milh.
- Se-	7a Bi	RTHPLACE ATE OF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY MONTO	OR COUNT			100
10	10 C	SANDY SPRIM		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Quaker La	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Draftsman	OF WORKING		se En	
15	3a S	AL RESIDENCE HE NURS STATE Id.	13b COUR Mo1	VTY	Sandy S	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS	zip coi aker	Lane 2	0860	
exp.	14 F	EBENEZER	1	VANZER	HAVILÂND		SARAH FIRST MI	ME MIDDLE MIDDLE	EL	OGE LA	S1	
medical	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	217-42-		Elizabeth E.	Haviland		e as # 1	3	K
any injury, ar other troun	SATION	Conditions, if ony gove rise to immocouse o statir underlying couse PART 2 OTHER SIGN	nediate g the lost	conditions <u>co</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	20b IF Y	ES, WERE FINDI	NGS USED	
m 18 shows	AL CERTIFICATION	210. ACCIDENT WAS UNI	CAUSE OF DE	HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	YES NOX		TIFYING CAUSES YES [] 8 PART OR PART 2)	NO [?
rked or fle	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	M. OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STA	ATE
IMPORTANT: If Item 21 is main		270. I certify that II sow the decess	ed olive on	0	PRIL 19	87.01	DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	MEDICAL ST.	AFF	19 9 7 our and from the	couses state	2/:
- W	C	BURIAL, CREMATION, (SPECIFY) REMATION	REMOVAL	1			EMETERY OR CREMATORY ASH. CREMATORY	23d LOCATION CITY OR TOWN	P. GF	COUNTY	D. dae	ATE SO
A 7/84		URIEL H. I	BARBE	R LAYTO	NSVILLE,	MD.	20879 250 DAT	IN 1 5 1987	R 256 R.	I RUM SIGNA	U.E	

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	1

1	- STATE REGISTRAR	DEI	CERTIF	ICATE OF DEATH	0 /		1
1 DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO	DAY YEAR	2b HOUR _
	James	E,	Hazel	wood	06	2387	10 \$5
3. SE	X	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)		IF INDER 24 HRS
	Male	Caucasian	D 7	33 50		RS	HOURS MIN.
7a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COL	NTY OF DEATH	
	Virginia	United States	WIDOW	8.7	Montgom	Cy Coun	nty, MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	126 USUAL OCCUPATION	126. KIND OF	BUSINESSOR
K	ethesda	Suburban	HUEL	ortal	Bookkeeper .	Beauty	Salon
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE	
Ma	aryland Mont	gomery Germa		YES NO 🔀	14516 Pioneer	Hills Driv	re/20874
14. F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
		MIDDLE HAZE	lwood	Rosalee	WIDDLE	Carter	-
16a. \	WAS DECEASED EVER IN U.S. AR.		SECURITY NO.	17 INFORMANT	ADDRESS		
	YES NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	20-9023	J. Michael Ja	ackson, Friend,	Same as it	em #13
			-	1			ATE INTERVAL
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY.	6 - 4	R. c = 1 = 4	was arm	BETWEEN ON	ISET AND DEATH
	IMMEDIAT	E CAUSE (0) CAY	rdio	ans 2811.01	01 0 0011	-21	
		DUE TO, OR AS A CONS	EOUENCE OF	0 4	2	0	
	Conditions, if ony, which gove rise to immediate	(b) Cere	pral	Com Bus.	SSION Dymo	rusing	
	couse (0), stoting the	DUE TO, OR AS A CONS		1			
	underlying couse lost.	1 10 CLAS	tocaca	al Manin	SITION		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
Ó	IMMUNE	Deficien	Cy	SYNDrowe			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDING	
E					YES NO NO	YES	NO [
l e	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	-
AL	OR CONTRIBUTING CAUSE OF DEA	in .	DAT TEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF	FFICE, FARM ETC }	STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this haspit	6 27	and a second	19.87	1,10 6-23	19 S T , the	of (II (wow.lost
	saw the deceased alive on above, (1) (we) (did) (did)	t view the body ofter depth	19 87, 01	nd that in (my) opinion	death occurred on the date and	hour and from the co	uses stated
	226. SIGNATURE			DEGREE		22c. DATE SI	GNED
	Later	Scarber	V	ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	6-27	5-87
1	224 PHYSICIAN'S NAME (TYPE O	R PRINT		22e ADDRESS		ma.	-11
	John la	aber	U STOLL	3512 MI	SCONSIN A	un Bo	Thesdo
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	-STATE -
	Piirial	1. 11 ma 7/1 198/	Vino Cr	rove Compterz	M+ / 7 7 7 7 7	Ma	bac Iva

250 DATE REC D. BY REGISTRAR 186 REGISTRAR 5 SIGNATURE

DHMH-16 60M 7/84 Rockville, Inc., 300 W. Montgomery Avenue Rockville, Maryland 20850

BP.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medica

THE PERSON NAMED IN THE PARTY OF THE PARTY O Server of the se PORTAR MAN PROPERTY TO STATE TO moderne Friedry

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	
CEDTIFICATE OF DEATH	(1

	1	REG	NO.	1	1	3	6
DATE	OF	DEATH	MONTH	DAY	YEA	R 21	HOU

Aulia Kindson-Randall

	REGISTRAR			CERTIF	TCATE OF DEATH	REG	NO.			
	CEASED NAME FIRST		NDDLE		LAST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	200
(TYPE	EOR PRINT) ED		LTINE H	HEISK		June		1987	11	AM
3 SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST	SIRTHDAY	MONTHS DATE	HOURS	24 HRS
1	Female	Whit	e	June	- n n n n n	89	YRS			*****
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH		
	washington, DC	U.S.	A.	WIDOWE	D NEVER MARRIED 1	MONTGOMERY	COUN'	TY		MD.
	THESDA		OSPITAL, NURSING		DA	120 USUAL OCCUPA (TYPE OF WORK FOR MOS EXEC • SECTE	OF WORKING L	HE INDUSTRY	of Busines ersit	
13a 3	AL RESIDENCE (IF NURSING HOME STATE 136 CC	YTAUC	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Wash. D.	4	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 5420 CC			/200	15
14 F/	ATHER'S NAME FIRST	MIDDLE Lewis	Heiskel	7	15 MOTHER'S MAIDEN NAME FIRST From The True True True True True True True Tru	WE		Vicke		
160 \	Jesse WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR		17 INFORMANT	AĐĐ	RESE TO	land St		
		GIVE WAR OR DATES	579-16-4	444	Mrs. Henry L.	. Clark, Ch				15
	18 CAUSE OF DEATH (Enter				/	-/	/		ONSET AND D	
	PART I DEATH WAS CAU	JSED BY HATE CAUSE (a)	(and	13/	Vascular	2001 dans	ed .			
		DUE TO, OR	AS A COMSEQUE	NCE OF	-,					
	Conditions, if any, which	((b)	AVIE	2008	CLONSS					
	gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying couse lost.	((c)								
7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	o	
5		100	ne	20524710		Tee AUTORCY?	100 IF VF	C WERE ENIDS	100 11050	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	HON FOR WHICH C	OPERATIO	n was performed	YES NO	IN CERTI	S, WERE FINDI IFYING CAUSES ES []		H?
CER	210. ACCIDENT WAS UNDERLYING	110110 4 4	INJURY A. MONTH DA	Y YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2)		
¥	OR CONTRIBUTING CAUSE OF	DEATH		19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY SET FACTORY OFFICE, FA	944 576 1	211 LOCATION	CITY OR	TOWN	COUNTY	ST	ATE
Σ	AT WORK NOT WHILE	TAI NOME SIN	EL PACIONI OFFICE, FA	um crc j	/			_		
	22a.1 certify that (1) (this ha				Une 5 19 8	7.10 PM	SAR	19	thot	e) lost
	sow the deceased alive	not view the body	ofter death.	7.01	nd that in my (our) opinion	death occurred on the	date and ha	ur and from the	couses stat	ted
/	976. SIGNA URE	/ -		112	DECREE			22c DATE	SIGNED	
(165	Unn	ha '	MA	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	6/2	2/8	7
	224 PHYRICIAN'S NAME (TY	CMh2	u Mi	>	8805 Con	m. Au	? Ohe	ng Chi	se /	2/1
	BURIAL, CREMATION, REMOV		0		EMETERY OR CREMATORY	23d LOCATION		COUNTY	ST	ATE
	Burial	6/25/		-	atius Cemetery	Oxon F	Hill, 1	YID O		
	NAME	eph Gawle	ADDRESS			E REC'D. BY REGISTRA	R 256 REGIS	TRAR'S SIGNA	TURE	
53	130 Wisconsin	Ave, NW, Wa	shington,	D.C.	20016	IIIN 2 6 100	7 Aulia	Tindyon	· Pandas	L.No.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

A TOE SE HOUSE				
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	it were to			DO , mindymaticus
no. coretary Tellverers				
5420 Conn. Ave, 40/200		.E.E.	death City	that they deal
tamit beares loss	112.211	Lindules		
,			Million officed subseque	

4 RACE 3 SEX CAUCASIAN 87 To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CTTHUANIA U.S.A. WIDOWEDT DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON ADVENTIST 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MONTGOMERY SILVER MD YES DY NO 4 FATHER'S NAME UNKNOWN HELLER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. BUCKLEY (YES NO OR UNKNOWN) NO 18 CAUSE OF DEATH Enter only one cause per line for lat, (b), and PART I. DEATH WAS CAUSED BY MYOCARDIN PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n AUTOPSY? NOF 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY STREET AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 AT WORK AT WORK 220 | certify the (1) this hospital) attended the deceased from ceased alive on _______ and that in DEGREE PHYSICIAN ORT 230 NAME OF CEMETERY OR CREMATORY BURTAL BP.

FORItem5, 22, 23b Film G628

REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 06 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MONTGOMFRY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY BUSTNESS OWNER SHOF STORF 13e.STREET ADDRESS / ZIP CODE 2408 BUCKLEY SSPG UNKNOWN DR. SSPG MD. BASS IDAUGHTER 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (our) opinion death occurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN MT. HOPE CEM. ROCHESTER 24 FUNDANZANSKY-GOLDBERG MEMORECHP INC. 1170 ROCKVILLE PK. ROCKVILLE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

1 3 78 10 30 Auras Physicianism program

(VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

IRENE

4 RACE

- STATE

LIVEE OR PRINTS

3 SEX

STATE OF MARYLAND

HENDRY

DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

101

7b HOUR

20 DATE OF DEATH MONTH

6 AGE HIN YEARS LAST RIPTHOAYS

BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED V IL CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR SECRETARY ER OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS OUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? REGSEVELT IS MOTHER'S MAIDEN NAME MIDDLE WILLIS CACHRAM BERTHA WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. cardiopylmonuvu arrest Minvin IMMEDIATE CAUSE (0)_ 0 DUE TO, OR AS A CONSEQUENCE OF dementia. d Conditions, if ony, which gove rise to immediate 0 couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF 03 underlying cause lost d 0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 Marked weight loss decreased hearing 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH 0 (IF EITHER NOTIFY MEDICAL EXAMINER) 42 71d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OF LOWN TAT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 70 0 1400 220.1 certify that (I) (this haspital) attended the deceased from. دد May 7 and that in (my lour) opinion death occurred on the date and hour and from the causes stated 0 DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN B Goldbens 230 BURIAL CREMATION, REMOVAL DHMH - 16 60M 7/84

Sept Space	554	8 8 JN		FOR STATE REGISTRAR				MENT OF H	ICATE OF	MENTAL HYG	0 /	REG. NO	7	13	5
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George W. Pierce Ellen Platter 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 169 SOCIAL SECURITY NO 17 INFORMANT 170 NFORMANT 170 N	24 hours	36		STATE	G HOME OR OT 3b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS / Z	recode fie		
TO THE STORY MAN OR DEATH STATE OF PRATE OF PR	MAKYLA ed within	16	VJ	FIRST	W.	DDLE				_ FIRST				IAS	
MMEDIATE CAUSE (a) LANDING TO RELATION WHICH GOVERNOON OF THE PRINCE OF	IMORE,	Poul Poul	1	YES, NO OR UNKNOWN)							Hense			anham	. Md .
220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. DEGREE 220. DEGREE 220. DATE SIGNED 220. PHYSICIAN DIRECTOR	3 4	by the ottending physical cose remove Corbon popel ost, cremotion, or removol.		Conditions, if ony, gave rise to imme couse to stating	which	DUE TO, C	OR AS A CONSEQUENCE PPER	ENCE OF	RO II	475871	MAL	SLEE	QINO		MATE MILEVAL
220.1 certify that (1) (this hospital) attended the deceased from 19 miles of that (1) (we) sow the deceased olive on 19 miles of the deceased	CORDS, 20	v or t	ATION							9.5		TOPSY?	06. IF YES	, WERE FINDIN	IGS USED
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220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. I certify that (I) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the couses stated obey. (I) (we) (did) (did not) view the body ofter death 220. DEGREE 220. DEGREE 220. DATE SIGNED 220. PHYSICIAN DIRECTOR	VISION OF		MEDICA	216 INJURY OCCURRE	D E	21e PLACE	OF INJURY					CITY OR TOWN		COUNTY	STATE
ACTURED ONE OF THE PHYSICIAN DIRECTOR PHYSICIAN DIR	TTENDIN spitol or	for use a of Health		sow the deceased	olive on	5/	19_	87 ar	d that in (m	y (our) opinion	2, to death occur	6/1 red on the date	and hou		that (I) (we) lost couses stated
JOHN L. JONES MID WASHINGTON, D. C. 20016	TAL OR A	RAL DIRE detoched tate Dept NT: If Item		John	h.	Jos	res		MA	PHYSICIAN L	DIRECTO	R PHYSICIA		6/-	J/F7
	O HOSPI etorned b	should be with the S		JOHN	4.	JONE			WASI	H114670	or, D	. C. 7			. N.CO

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

WASHINGTON, D.C. 20016

24 FUNERAL DIRECTOR

H. S. MANGE OF CEMETERY OR CREMATORY 1230 LOCATION (CITY OR TOWN)

14 FUNERAL DIRECTOR

150. DATE RECD BY SEGSTRATION OF THE PROPERTY OF CREMATORY POWER POWER

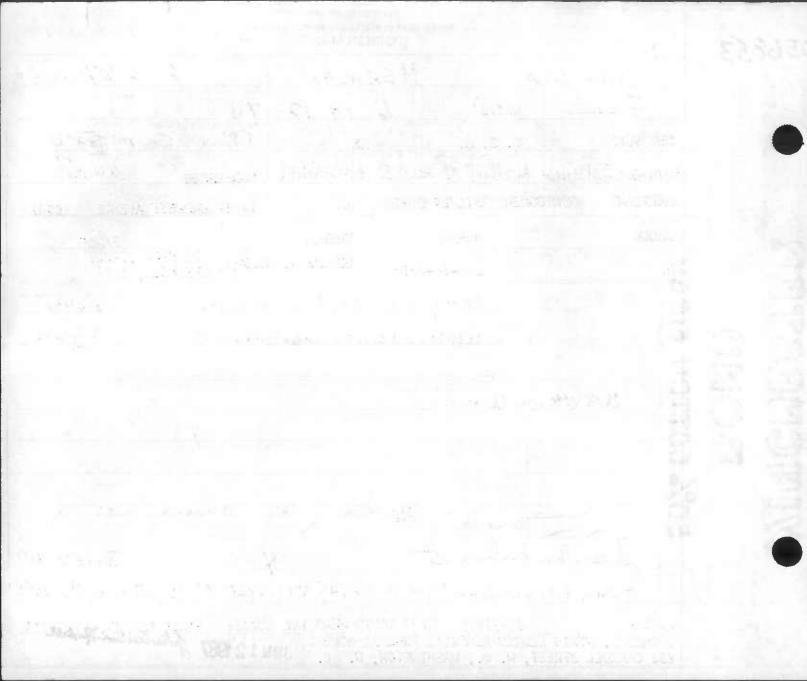
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 6 AGE IN YEARS IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR MARRIED NEVER MARRIED GERIN ANY WIDOWED & DIVORCED 120 USUAL OCCUPATION (TYPE B CITY OF TOWN OF DEATH NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY RETIRED BAKER U. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? FATHER'S NAME MIDDLE MIDDLE MARGARET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-32-126 18 CAUSE OF DEATH (Enter only one cause per line for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "THE PAGE 4 SHOULD BE FORWARDED TO THE CHIE MEDICAL BY TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED. A BUILDING THE RE DEATH, WITH THE STATE DEPARTMENT OF FAURE DEATH, WITH ALL STATE DEPARTMENT OF FAURE PRINCIPLY, WITH ALL STATE DEPARTMENT OF FAURE PRINCIPLY. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion Suicide death resulted fram Natural causes Accident Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER STIAME TYBE OF PRINT 23¢ NAME OF CEMETERY OR CREMATORY 21s BURIAL CREMATION REMOVAL 73s DATE Crematory Caurel, Pyung. Md STATE 07/84 25M HO MEDATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

1773 Dire MARRIET STEEL ILLA MINI PROLIZE SELSA PLESTE Crestion. June 15, 1987 to made: Cresting District, Edition 15, 57-5. No.

2%	6	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 / 1 / 1 / 3 /
oybe oge 3	death		EASED AME FIRST OR PRINT UUGUST	A HERMAN	ATE OF DEATH MONTH DAY TEAR 26 HOUR 6 87 0345M SE (INYEARS LAST BIRTHOAY) IF UNDER VEAR IF UNDER 21 HRS
Poge 4 m	ners ofte		T- EMALE	WHITE MONTH 1 DAY 1 TEAR 7	YRS MONTHS DATS MOURS MIN.
ofter death	d with D		W YORK YORTOWN OF DEATH IN FR SPRING	U. S. A. WIDOWEDKX DIVORCED 1 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. LITTLE ADDRESS 1 1 2 CO. 1 ITYPE	USUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME
n 24 hours	Must be file	13M2	RESIDENCE (IF NURSING HOME OR C	OMERY STLVER SPRING 13d INSIDE CITY LIMITS? 13e.ST	OMEMAKER OWN HOME TREET ADDRESS / ZIP CODE 0027 BRUNETT AVENUE 20901
ited within	1 Sept 25	JA	(COB	HERMAN BERTHA	FAWER
be execu	rs. Pages	NC NC		215-44-4010 EUGENE A. HERI	OKTIVIVELE, TOWA
certificate	rbonpape r remaval		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATE		LLACE GWEEN ONSEI AND DEATH White Company of the c
hat the death	ose remove ca ose remove ca ol, cremation, a		Conditions, if any, which gave rise to immediate cause to), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) CHEEVOSCLEVO & Leavet cle DUE TO, OR AS A CONSEQUENCE OF	is ease 7 years
ow requires t	prior to burial	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO diabetes 190. DATE OF OPERATION	Mellitus. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206	DISEASE OR CONDITION GIVEN IN PART 1 0 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CIAN: The Ig physicion.	iol-tronsit pe niol Hygiene		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY 216 HOW INJURY OCCURRED (E	S NO YES NO
offending	os the bur th ond Me	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDII	od for user of of Healt om 21 is me		22a I certify that in (this hospit sow the deceased glive on obove, (1) (was (did) and not 22b SIGN. TURE	oftended the deceosed from 19 , 19 , 10 opinion death wiew the body ofter death.	occurred on the date and hour and from the causes stated
HOSPITAL OR	be detache State Dep		22d PHYSICIAN'S NAME (TYPE OF	ATTENDING MEI	DICAL STAFF ECTOR PHYSICIAN June 6, 1987
TO HOSP	OR H	23a E	Susan Lei	benhaut, M. P. 6525 Belove	st Rd, Hyattsville, Md, 2018
BP_			ŔĨÄL	6/9/1987 KING DAVID MEMORIAL GARD	
	16 60M 7/84 A 15, 4)			EBREW MEMORIAL FUNERAL HOME 1250 DATE REC. JUNI	2 1987



TYPE OR

3 SEX

7a BIRTH

10 CITY

JSUAL I

FATH

160 WA

MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	0/	Name of the last o	11	5 B
jiyağ	CRASED NAME FIRST PAUL	ELMER	9	AST IGGS		6 5	87	345 PM
SE)	MALE	CAUCASI AN	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT 65 9 BALTIMORE CITY OF	YRS.	VIII CIAG CHIV	OURS MIN.
	Maryland /		WIDOWE		Montgo	mery	12h KIND OA C	MD.
Ta	KOMA Park W	AShington Adv	poressi venti	ist Hospita	"Carpente		Prev.M	Maint.
4	Md. 136 OUNTY P.G			13d INSIDE CITY LIMITS? YES NO XX 15 MOTHER'S MAIDEN NAM		OW St		
1.5	1	lmer Higgs		Blanche	ADDRE	C.C.	Gree	en
	VAS DECEASED EVER IN U.S. ARMED TES NO OR UNKNOWN) (16 YES, GIVE WA			Katherine F			13e	
	PART I. DEATH WAS CAUSED BY IMMEDIATE C Conditions, if ony, which gove rise to immediate cause (o), stofing the underlying couse lost	Y. MVaA	ARD,	AL INI	FARCTION)	approximat between onsi	ET AND DEATH
TION	PART 2 OTHER SIGNIFICANT CON							luss.
CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	PERATIO		20a AUTOPSY? YES NO	IN CERTIFYIN		
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED	HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY	YEAR 19	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 1B PART	1 OR PART 2)	
MED	MMILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, FAI	RM ETC)	STREET	6. 5.	/N	COUNTY	STATE
i	220 I certify that (I) (this haspital) sow the decrease are ve an above, (I)	6.5.	7 on	d that in (my) (our) opinion d	. 10	te and hour a	- /	
	la land	7		ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIG	
	M. YUSUF			Lausel.	MD. 20%	207	ad	

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DHMH - 16 60M 7/84 (VRA 15, 4)

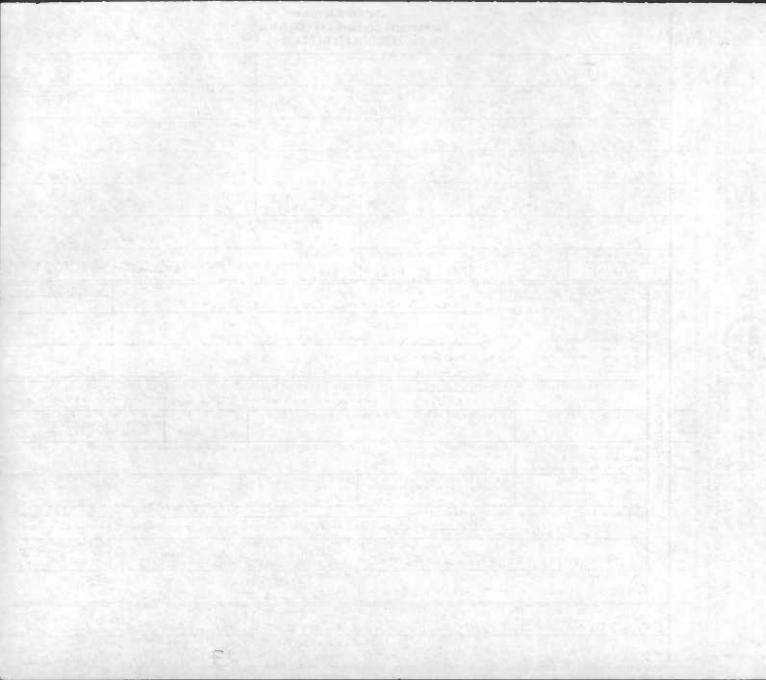
230 BURIAL, CREMATION, REMOVAL 235 DATE 6/9/87 7601 Sandy Spring Road 24 FUNERAL DIRECTOR Fleck Funeral Home, Inc. Laurel, Md. 20707

Md. Nat'l Cemetery

Lauren

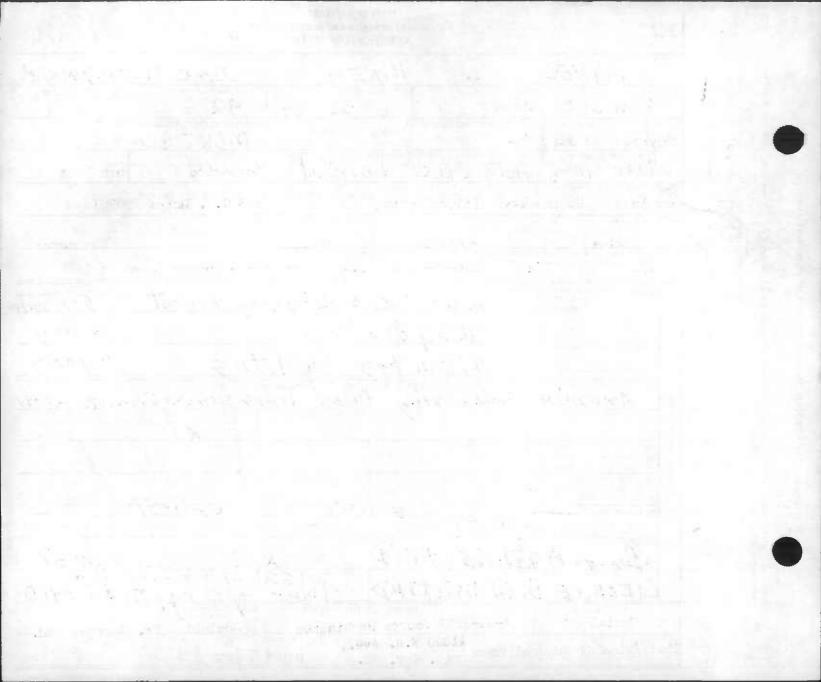
PrG. Maryland

2 REGISTRAR 250, REGISTRAN'S SIGNATURE



56	6 2 6 JUN	1	FOR STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	REG. N		110	4 0
	death death	1 DE (TYP)	OR PRINTI AGNES	A. H;			IES F BIRTH	20 DATE OF DEATH JUNE 6 AGE (IN YEARS LAST BIR	MONTH DAY	9874	HOUR 37Pm UNDER 24 HRS
6	director ours often		Female	White	HAT COUNTRY	MONTH 6	22 94	92	YRS		JURS MIN.
0	do do	B	oston, mass,	USA		WIDOWE	_	MONT	GOM	ERY 126 KIND OF BU	CO, MD.
1201	tiled w	5	ILUER, SPRING HOME OR	HOLY OTHER INSTITUTION G	FACILITY, GIVE STREE CROSS.	E ADMISSION)		Housewife		own home	9
TAND		Ma	ryland lontgo		ilver S	Spring	YES NO 115 MOTHER'S MAIDEN NA		rive 2	0901	
BALTIMORE, MARYLAND 21		16a)	Blaine VAS DECEASED EVER IN U.S. ARA	AED FORCES?	McGinnis 6b SOCIAL SEC	URITY NO	Mame 17 INFORMANT	ADDRE		(unkn	
BALTIMO	hat the death certificate be a by the attending physician a ose remove corbangopers. Put, I, cremotion, ar removal.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per li	030-09-8	nd is	claire Sween		- (same	APPROXIMATE BETWEEN ONSE	
W. PRESTON ST			Canditions, if any, which gave rise to immediate cause to, stating the underlying couse last.	DUE TO, OR	AS A CONSEQUENCE OF A C	JENCE OF	tion Melli	tus		300	AY
DIVISION OF VITAL RECORDS, 201	is been signed ermit. Then ple e prior to burio	CERTIFICATION	PART 2 OTHER SIGNIFICANT C AMEMIA 190 DATE OF OPERATION	hea	assy	163	10 / / / .	AMAL DISEASE OR CON	20b. IF YES, W	ERE FINDINGS G CAUSES OF	DEATH?
	ding physicion is certificate his burial-transit p	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF HOUR A.M P.M	. MONTH E	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES [10 [
OISIAIG	or use as the but Health and Mr.	ME	WHILE NOT WHILE 220.1 certify that (1) (this heapy saw the deceased alive on.	(AT HOME STREE	deceosed from	50	d that in (my) (word apinion	city or to	1-9719		(I) (we) lost
	ned by the hospined by the hospined by the hospined betoched to the Dept of them 2		obove, (I) (we) (did) (did not 22b SENATURE	Patrie	le g		DEGREE ATTENDING PHYSICIAN 220 ADDRESS		FF	224. DATE SIGN	
	TO FUNE	73a	GEBRATION PEMOVAL	B. PA	Bick	THD NAME OF C	SILLE	SOY) N.	1,m	420	910
	BP	24 F	(SPECIFY Burial	6-15-	-1987 Ge	orge V	Vashington	Adelphi E REC'D. BY REGISTRAR	Pr. C	COTGES	Md. —
D	(VRA 15, 4)	Hir	es Rinaldi Fune	ral Home		Spr. M		15 1007 Aus	a Desiders	Rondore	

Sil. Spr. Md.



the death certificate be executed within 24 haurs after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN, The lumplined by the bospitol or offending physicien.

DHMH - 16 60M (VRA 15, 4)

1	POR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 7	17/41
	DECEASED NAME FIRST	MIDDLE	IAST	1	MONTH DAY YEAR 26 HOUR
	ESTHE		IR SCH	6 AGE (IN YEARS LAST BIRT	1 9-PN
	FEMALE	WHITE AF	RIL 27 1906	81	YRS DATS HOURS MIN.
3	BIRTHPLACE STATE OR FOREIGN		RRIED NEVER MARRIED DOWNED DIVORCED	MONT GOMER	
96	CITY OR TOWN OF DEATH SILVER SPRING	HOLY CRUSS HOSPIT		SUPERVISO	
	NARYLAND 13 MON	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	G 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE FRN AUFNUE 20910
J J	JACOB FIRST	TEMPCH'IN	FANNTE	MIDDLE	CONOVSKY
Nedical N	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY N VE WAR OR DATES) 578-16-6354		IRSCH, 11609	SSWINDWARD DRIVE
B shows any rejum, as other to		DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED
17 4				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
19 8	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YE	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART 2)
hed as h	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 th mg	sow the deceased alive or	n	_, and that in (my) (our) opinion	death occurred on the do	19 that (I) (we) lose the ond hour and from the causes stated
Il Bern	214 9/61/JULE	of view the body offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN DATE SIGNED
OHTANI,	ALAM .	KERNA1612 W	X 1031361	FARGIA	AVE S.S.MXD
₹ 730	BURTAL CREMATION, REMOVAL	RERMAIGIEN 1 236 DATE 231 MAME	SF CEMETERY OR CREMATORY	23d LOCATION GARDEN FALL	AN 6 5.5.MBD LS CHURCH, VIRGINIA

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The second secon		
	Lungo, PAGES	

injury, or ather troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 sha

FOR STATE

	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	NIO					- 1

REGISTRAR		CERTII	TICALE OF DEATH	REG. N	0.		- 24
DECEASED NAME FIRST	WIDDLE		LAST	2ª DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Leo	D•	Hoch	stetter	June	10,	1987	8:00A
SEX	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS WAR	IF UNDER 24 HR'S
Male	White	Marc		76	YRS	DAYS	HOURS MIN.
BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
Illinois	U.S.A.	WIDOW		Montgon	ery		MD.
Bethesda		NURSING HOME (IVE STREET ADDRESS) TY Lane	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C	F WORKING L	IFE INDUSTRY	of Business or ic Relati
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FATHER'S NAME Frederick	wilhelm Hochs	tetter	15. MOTHER'S MAIDEN NAM	WE		Buxb	aum
WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDRI			
(YES, NOOR UNKNOWN) (IF YES	W II 577	2-18-0328	Genevieve R.	Hochstette	r, Sa	ame addı	ress as #
	only one couse per line for ia	, (b , and ic				APPROX BETWEEN	OMATE INTERVAL
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	DUE TO, OR AS A CO	NSEQUENCE OF					
Conditions, if any, which	(b) Leuk					5.3	vrs•
gove rise to immediate couse (o), stating the	DUE TO, OR AS A CO	+					
underlying couse lost	le) Leuk					5 3	yrs.
	T CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGI	VEN IN PART 1	a
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDII IFYING CAUSES ES []	
		ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 21	
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OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	218 PLACE OF INJURY		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
MHILE NOT WHILE AT WORK			01.			87	
saw the deceased alive	on June 1, not view the body after death	19 87 .	nd that in (my) (our) apinion of	, todeath occurred on the de		19	that (I) (we) last couses stated
226. SIGNATORE	-10		DEGREE		3	22c. DATE	
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224 PHYSICIAN'S NAME (TY	E OR PRINT)		22e ADDRESS			12 1	
Thomas Ha	vel M.D.		4201 Cathed	ral Ave. NW.	Wash	ington.	D.C.
BE BURIAL CREMATION REMOV		23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		400,000	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	(TY	PE OR PRINT)						Itimore, Md.
Burial 6/25/87 Gate of Heaven Cemetery Silver Spring, Maryland	23a BURIA	Burial					23d LOCATION CITY OF JOWN	COUNTY STATE
Burial 6/25/87 Gate of Heaven Cemetery Silver Spring, Maryland							BECOUNT HOUSE OF THE CHARLES	STRACE SIGNATURE
1331 Rockville Pike, Rockville, Maryland 20852	133		TT71		rai Home, inc.	NO.	7 9 1907	

07/84 25M BP.

DHMH 17 (VR A15 ME (5)) of the party of th Latronia

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO.	17744
-	1 DEC	CEASED NAME PRIST	May	H	00 D	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR 4 87 0655 M
	3 SEX	remole "	White	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR IF UNDER 24 HRS
5	7a B1	RTHPLACE (STATE OF FOREIGN 7E COUNTRY) Maryland	CITIZEN OF WHAT COUNTRY	MARRIE!	NEVER MARRIED DI DIVORCED	MONT JOME	UNTY OF DEATH
5	10 G	OCKVILLE	I. NAME OF HOSPITAL, NURSI		dventist	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR Housewife	176 KIND OF BUSINESS OR INDUSTRY
5		AL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT	Y ISYCITY OR TOV		134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	cope ell Rd 20872
50	14. F.A	THER'S NAME Filmore	illiam Lewis		Angie	Idella	Watkins
T		WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN! (IF YES GIVE Y			John W. Hoo	address Item	13
, , , , , , , , , , , , , , , , , , , ,		PART I. DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost	BY HOUTH	ENCE OF	myelocyfic	Leukem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
) , , ,	NOI	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N W AS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
5	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
rked ov	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
om 81 1 7		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did hat			d that in (my) (our) apinion of	to death accurred on the date or	nd hour and from the causes stated
E 25		THE MATURE She	rest		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
7		22 APHYSICIAN'S NAME TYPE OR	er mo		3947 ferr	are As, U	Theaten and

DHMH - 16 60M 7/84

Burial

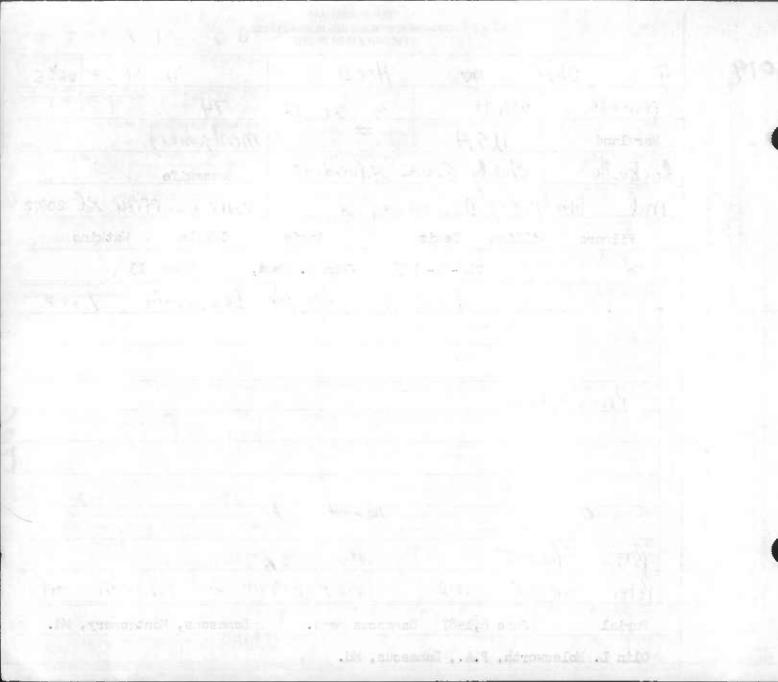
(VRA 15, 4)

236. DATE 230. BURIAL, CREMATION, REMOVAL June 6,1987 Damascus Meth.

Damascus, Montgomery,

REGISTRAR 256 REGISTRAR SISIGNATURE

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1 -	STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG N	0			
		EASED NAME OR PRINT! Ma	mie		rances	I	Hoover	June 5	, 1987	YEAR	26 HOUR 5:00	a
	3 SEX	Female		White	Egit.	Apri	I 12, 1912 YEAR	6 AGE LIN YEARS LAST BIR	YRS	UNDER I YEAR	IF INDER 24 H	
		THPLACE IS ATEOR		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY O	F DE ATH		MD
		y or town of DEA Rockville		517 Li	ncoln Stre	eet	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEW)		126 KIND OF	e BUSINESS	OR
1	Ma Ma	ryland	13b COUN Monte	or institution by the comery	ROCKVILL		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 517 Line (zip code dn St r ee	et 208	50	
1	14 FAT	John	Ŵ	alter	Knighte		Betty	Ann		Eaton		
		AS DECEASED EVER		MED FORCES? WAR OR DATES)	234-01-		Cecil L. Hoov	ver (husband	-00	as 13e		
		18 CAUSE OF DEAT PART I. DEATH W		BY-	line for to , b , one	1 /	(AVV	cvt		BETWEEN	MATE INTERVAL	TH F
		Conditions, if ony, gove rise to imm couse (o), statist underlying cause	mediote ng the	(b)	R AS A CONSEQUE	e 1	Falilyre	1.5. 4.50	in t	2 >	Irav	/ \
	NOI	Ang	in a	011	ab 1 t k	1	NOT RELATED TO THE TERM					
	TIFIC	90 DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES [
-		21a. ACCIDENT WAS UNI OR CONTRIBUTING [] ((IF EITHER NOTIFY MEDI-	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 8 PART	OR PART 2)		
	ME	WHILE NOT WHAT WORK	THE T	21e PLACE (OF INJURY EET, FACTORY OFFICE FA	ARM ETC)	214 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (1) sow the decease obove (1) (we) (/	/			19 8 -	death occurred on the de	19. ate and hour or	nd from the c		
		226. SIGNATURE	24	zin	7-10	ny	. 7	MEDICAL STAI	FF CIAN []	DATE S	IGNED 7	L-
		Christop			i		615 W. Montg	omery Ave.	Rockvill	e, Md	. 2085	0
		IRIAL, CREMATION, PECIFY) Buria		23b. DATE 6/8/8	7 23c. N	ark a	emetery or crematory wn Memorial	23d LOCATION Park CITY OF TOVRO	ckville.	·Marv	land	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Item 21 is marked or Item-18 shows

1331 Rockville Pike, Rockville, Maryland 20852

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ulia Scordon Randalla

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South			West inc			
esten	man function and	Jest I. Hoo	682) - 10-102	¥		

and the second terms of the second

STATE OF MARYLAND

	FOR 1 - STATE REGISTRAR			OF HEALTH AND M		REG. NO.	1 4	0	
	I. DECEASED NAME FIRST ROBERS	A A	dair	Horan		June 29, 198	DAY YEAR	6:00	a
	3. SEX Male	White		Viarch 25, 1	1927	6 AGE (IN YEARS LAST BIRTHDAY) 60 YRS	MONTHS DATS	IF UNDER 2	24 HRS MIN.
	Washington, D.C	U.S.A.	M	ARRIED A NEVER M	ARRIED ORCED	9 BALTIMORE CITY OR COUNT Montgomery	Y OF DEATH		MD
1	Gaithersburg		SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE Driv	OME OR OTHER INSTI	TUTION	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING I Manager	126 KIND O INDUSTRY & BE	Foot everage	d OR ge
			Gaithersbu	POT 1134 INSIDE CIT	IY LIMITS?	130 STREET ADDRESS / ZIP COL 15713 Norma	n Drive	2087	8
1000	14 FATHER'S NAME FIRST Robert	J.	Horan	15 MOTHER'S	MAIDEN NAA IRST I na	WE	Dement	ī	
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY	NO. 17 INFORMAN	1T	ADDRESS			

PART I. DEATH WAS CAUSE	y one couse per line facility by and less to BY E CAUSE (o)	Instantage
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	12yra

579-24-6441 Nancy Horan (wife) same as 13e

IN CERTIFYING CAUSES OF DEATH? NOX YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED Te PLACE OF INJURY 21f. LOCATION CITY OF TOWN AT HOME STREET ACTORY OFFICE, FARM, ETC) NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

220 I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) we) (did) (did no

226 SIGNATURE DEGREE THE DATE SIGNED

50 W. Edmonston Dr. Rockville, Md. 20852

1234 LÖCATION
Metropolitan Crematory CITY OF Alexandria, Virginia STATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 7/1/87

²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

190 DATE OF OPERATION

Paul T. Noone

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20a AUTOPSY?

STATE

206 IF YES, WERE FINDINGS USED

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT

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			FOR Film G631 tem 1	6 9/1/87 'DE	STATE PARTMENT OF I	TE OF MARYLAN	NTAL HYGIENE	i 7	141
	Or a sour		STATE REGISTRAR	MEDI		ER'S CERTIFIC	ATE OF DEATH	REG. NO.	
3.81	% ~		TEASED NAME FIRST PHIL		C.	HU		Or ESII-	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E & FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESION STREET,	3 SEX	V Oriental	DATE OF BIRTH	YEAR LAST BIRTHDA	MONTHS DAYS	FUNDER 24 HRS 2c.	NOUNCED	MONTH DAY YEAR 74 HOUR
	IS NECESSARY, PI FE FUNERAL DIREC RE 5 FOR YOUR ED, WITHIN 72 H W. PRESION ST	70 BI Chi	RTHPLACE THATE OR PEGGN COUNTRY)	76 CITIZEN OF WHA		MARRIED NEVI	ER MARRIED . 9 B.	1.	COUNTY OF DEATH
	>王の三名 ブ	10 CI	Y OR TOWN OF DEATH	11 NAME OF HOSPIT		OR OTHER INSTITUTE		OCCUPATION ITYPE OF	
21201	SCORE AND TO SEE AND T	130. S	L RESIDENCE IN IN NURSING HOME OF	OTHER INSTITUTION GIVE I	CITY OR TOWN	13d INSIDE CITY	Y LIMITS? 130 STREET /	ADDRESS OF Brigh	Wood Firm
RE, MD.	EST. 2.	14 FA	THER'S NAME Chuan	MIDDIChang	LAST Hu	F 0	uan	WIDDLE	Lu
SALTIMORE, MD. 21201	IRS AFTER DEATH. IF A GIVE PAGES 1. 2, A WITH FOORM PM 3. F. PAGES 1 AND 2 SH DIVISION OF VITAL RE	16a V	AS DECEASED EVER IN U.S. ARM	AR ORD ATESS	166 SOCIAL SECURITY 515-80-503	allowed .		PRONOUNCED BALTIMORE CITY OR COUNTY OF DEATH SIZUAL OCCUPATION IT THE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY TREET ADDRESS WIFE — (Same as 13e) PRONOUNCED ADDRESS WIFE — (Same as 13e) PRONOUNCED APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 120 AUTOPSY? YES — NOV PRONOUNCE INTERVAL ADDRESS WE MIDDLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 120 AUTOPSY? YES — NOV PRINTING OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE INQUITY — OND IN MY OPINION DATE SIGNED APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COUNTY STATE INQUITY — OND IN MY OPINION DETERMINENT OF MY OPINION DETERMINENT OF MY OPINION DETERMINENT OF MY OPINION DETERMINENT OF MY OPINION DATE SIGNED APPROXIMATE WITH MY OPINION DATE SIGNED	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8	HOULD BE EXECUTED WITHIN 24 HOURS RD "PENDING" IN PERA 18. FHEF MEDICAL EXAMINER ALONG WI USED AS A BURIAL "RANSIT PERMIT I OF HEALTH AND MENTAL HYGIENE, DI RHAL, CREMATION, OR REMOVAL.		IB CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.	CAUSE (a). DUE TO, OR AS	y o Can a lonseouence of MOJCHM	Hic Courd	infanct lovaseule	w DHE	BETWEEN ONSET AND DEATH
AL RECORDS,	F. MEDICAL SED AS A BUR HEALTH AND AL, CREMATICAL	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTROL OF OPERATION	24tills	Hy	rerion	sion		20 AUTOPSY?
JON OF VITA	HIS CERTIFICATE SHOULD BE E WRITING THE WORD "FENDIN ARDED TO THE CHIEF MEDIC AGE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH 1201 PRIOR TO BURIAL, CREW	MEDICAL CERTIFI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 216 INJURY OCCURRED	HOUR A.M. A	MONTH DAY YEAR	1	OCCURRED GENTER NATUR	E OF INJURY IN ITEM 18 PART	
DIVIS	IS THIS CER RE, WRITIN RWARDED IS PAGE 3 STATE DEF STATE DEF	MED	WHILE NOT WHILE AT WORK			STREET	cim	ORTOWN	COUNTY STATE
•	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201				CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOV TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY JATHOME, STREET CITY OR TOWN COUNTY STATE MOINS described above, held on Autopsy Inspection Inquiry Ond in my apinion Accident Suicide Homicide Undetermined manner One of the county One of the				
	AGE 4 S O FUNE (ATTER DE		EXAMINER'S NA. (TYPE OR PRINT)	J. DEV	DRE M	D ADDRESS	3 Queens	suny Rd	HatbuilleMD
07/84 25M	BP	(5		5-26-1987	Gate of	Inc	Silv	er Spring	
23141	DHMH = 17 (VR A15 ME (5))		ines/Rinaldi Fu	neral Home	11800 N.H. Silver Si	oring, Md.	DATE REC'D. BY REG	A STATE OF THE PARTY OF THE PAR	cordion-Rindell
							00110013	0 10	

They can when I shall so them will be you West State of the which are with the state of the ALL AND THE RESIDENCE OF THE PARTY OF THE PA e Juneral director page 3 within 72 haurs ofter death

STATE OF MARYLAND

DED ADTMENT OF UCALTU AND MENTAL HYCIENC

11114	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG	. NO		
CUIT		CEASED NAME FIRST	MIDDLE	///	AST	20 DATE OF DEATH	MONTH OA		26 HOUR
		ALICE	F	HU	9 HES		6-2	-87	11.07 1
	3. SEX	X	4 RACE	5 DATE () Ditti-	6 AGE (IN YEARS LAST	BIRTHOAY) IF	UNDER I VEAR	IF UNDER 24 HRS
	100	female	Caucasian	8	- 4 - 97	89	YRS	DA73	MOOKS MIN.
67		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNT		D NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
50	· ·	Minnesota	U.S.A.	WIDOWE	1/	Montgome	ti U		MD
200	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUP.	ATION		
	S;	ilver Spring	Holy Cross	Haspital	,	Homemake		Hama	mahan
0	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)				nome	mareet
Service 3	Mar			Spring	YES NO NO	13200 And		ve	20904
Rog	14_FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN N.	AME		LAS1	
300		Samuel	W. Johnson	on	Ingrid			Reed	
S		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT &	on ADI	DRESP 3224	Bregma	n Rd.
2 11		no		2-6874	Orlin P. Hu	ghes Silvi	er Sprin	g, Md.	20904
he he		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b	, ond ic	1	4	1	APPROXI/ BETWEEN C	MATE INTERVAL
Jo.		PART I DEATH WAS CAUSE	TE CAUSE (0)	1250 1	Mondy	2 Arrea	Y		
± 2		provide a series of the series	DUE TO, OR AS A CONSE	EQUENCE OF	. 0				
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leaned leaned		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF	X				
othe St.		underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF					
200		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVEN	V IN PART 1:0	
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No No	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?			
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हैं •	E -	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		216 HOW INJURY OCCU			T I OR PART 2)	,,,,
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ope NO	WEI		(AT HOME STREET FACTORY OF	FICE FARM ETC)	STREET	CITY OF	TOWN	COUNTY	STATE
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.es		220.1 certify that (I) (this hosp		-	, 19.00	death several as he	, 19	0	
n 21			ot) view the body ofter death.			deoth occurred on the	date and hour o		
±		22b. SIGNATURE	(1/11 ·	1.6	DEGREE ATTENDING	MEDICAL S	TAFF	22¢ DATE	SIGNED
= -		Heiro	of belillow	7 / Max	PHYSICIAN	DIRECTOR PHY	SICIAN	June	2. 1987
TAP		226. PHYSICIAN'S NAME (TYPE		1111	22e ADDRESS	11,111	-7	-	
MPORTANT		HECTOR 1	C. COLLISON	VMM	11117	PRINO	21 >	> /	7
≥		BURIAL, CREMATION, REMOVAL	. 23b DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		2 Out II v	AR IF UNDER 24 HRS AR IF UNDER 24 HRS TO OF BUSINESS OR RY MEMARY 20904 1AST d. 20904 OXIMATE INTERVAL EN ONSET AND DEATH PLOOP DINGS USED SES OF DEATH? NO That That
		(SPECIFY)	7	Gato al	Haguan Comet	ONU SIRVON	Spring.	Montgo	meru Md.
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Silver Spring

DHMH - 16 60M 7/84

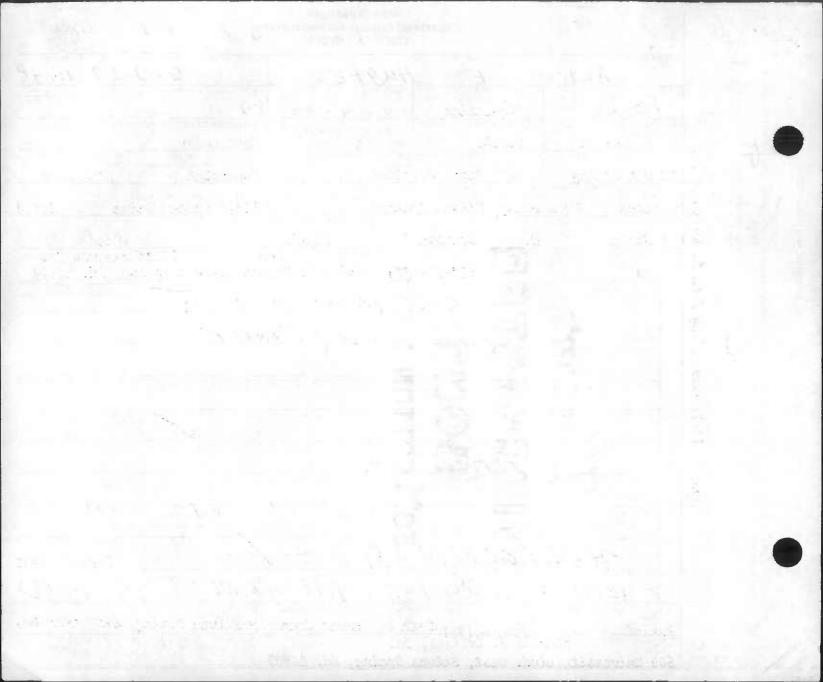
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.

etained by the haspital or attending physician

BP

(VRA 15, 4)

500 University Blud



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME VICTORIA 20 DATE OF DEATH CORPINGIA June Ictoria 1987 3 SEX 24. 1898 Caucasian TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery New York WIDOWED DIVORCED 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Potomac Valley Nursing Cente Homemaker Self 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Berkenheed Ct. 20906 Silver Spring NO [B601 15 MOTHER'S MAIDEN NAME 4 FATHERS NAME Sarah (unavailable) John Copping 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 17401 Bowie Mill Rd. Derwood 220-46-6044 William B. Hungerford, Sr. Md. No 18 CAUSE OF DEATH Enter only one couse per line for lot ib, and ic. PART I DEATH WAS CAUSED BY Congestive week-DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause a, stating the DUE TO, OR AS A CONSEQUENCE OF 15 Chenic Cardioiny opathy underlying cause last CERTIFICAT

96 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPS		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES N	0.80	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF ETHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE	E OF INJURY	TINITEM IS PART ORRART		
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION	C	ITY OR TOW	VN COUNTY	STATE	

DEGREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Gustavo S. Belaval, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 6-20-87 Burial

Thrist Episcopal Christ Episcopal Church Cemetery Church

22e ADDRESS

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

3701 Rossmoor Blvd., Silver Spring, Md Wayside Charles.

24 FUNERAL DIRECTOR

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Huntt Funeral Home, Waldorf, Md. 20601

DHMH - 16 60M 7/84 (VRA 15, 4)

unal-transit p

Tell Comments to the contract of the contract Caddaelin May Ct, 1098 BT grounds and X nother resemble record bulley numerous Households Household Heart Gooping Sarah 19401 Soute Sill Rd, Derwo 225-46-5044 of 11sm 8. Numer ord, Sr. 11 Mg. hustework, selevel, M.O. | 1961 Foremoor Wive., Bilver Spring, Ma Duriel Server Chicago and a consider the consider the Huntt Funct Finner of Home, - 18que, - MG. 280801 - STATE REGISTRAR DECEASED NAME

3. SEX

Female

TO BIRTHPLACE MATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Bethesda

4 FATHER'S NAME

Greece

Theophano

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

5. DATE OF BIRTH

Sept

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Ewing Drive

IKONOMIDU

MARRIED NEVER MARRIED

191

DIVORCED

NO [

Aris

13d INSIDE CITY LIMIT

15 MOTHER'S MAIDEN

Nicholas 2

17 INFORMANT

HYG	IENE O /	1	1	S	U
	20 DATE OF DEATH MONTH D	AY	YEAR	26 HOL	JR
	June 28,	19	87	6:30) A,
		-	RVEAR	IF INDE	-
	74 YRS.	OH HE	5A+3	HOURS	MIN
	BALTIMORE CITY OR COUNTY	OF DE	ATH		
	Montgomery				MD
	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	IND	KIND OI USTRY Wn h	F BUSINI ome	ESS OR
?	9502 Ewing Drive		20	817	
NAA	-				
te	a MIDDLE	Kat	zias	3 .	_
	ADDRESS		70		
ou	zoulas-son-in-lav	v-(same	as	13e
	Disease	8	APPROXU ETWEEN C	MATE INTE	DEATH

PART I. DEATH WAS CAUSE	oly one cause per line for a 16 and c D BY. TE CAUSE (a)	ic Heart	Disease	BETWEEN ONSET AN
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF		
gove rise to immediate couse o , stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE	OF		

NO		Crebrovusular discussion conditions contributing to be at h but not related to the terminal disease or condition given in part to											
FICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
=				YES NO	XX	YES []	NO 📑						
CAL CER	OR CONTRACTOR CALLER OF OF ASI	P.M. 19	21c HOW INJURY OCCU	PICHOW INJURY OCCURRED (ENTER NATURE OF INJURY									
MEDI	716 INJURY OCCURRED WM E NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	IIA O	RIOWN	COUNTY	STATE						
	77a I certify that (1) is haspital	attended the deceased from	UMY 19 B1	10 le- i	28	19_87_	that I (we) las						

FIR

MARGARITA

4 RACE

MATYLAND

MONTGOMERY

MONTGOME

White

TO CITIZEN OF WHAT COUNTRY?

USA

Pahigianis

16b SOCIAL SECURITY NO

A 232-66-043

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

12520 Prosperity Dr. Silver Springo4Md.

and that in my our opinion death accurred on the date and hour and from the causes stated

230 BURIAL CREMATION REMOVAL Burial

77b DATE 6-30-1987 731. NAME OF CEMETERY OR CREMATORY Gate of Heaven

DEGREE

Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR

D FUNERAL DIRECTO

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PORTANT

Hines/Rinaldi Funeral HomeSilver Spring, Md.

		FOR		DEDADTA		E OF MARYLAND FEALTH AND MENTAL HYG	IEME				
	1-	STATE REGISTRAR		DEFARIA		FICATE OF DEATH	REG. NO	//51			
		CEASED NAME FIRS		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	12 (7 A11	DIKA	P	V	ACKSON	06	0887 9 pm			
ter e	3 SE	X .	4 RACE	7	5. DATE		6 AGE (IN YEARS LAST BIPTHDAY)	IF INDER YEAR IF IND 24 HRS			
to sr		Female	Colore	ed	Febru	lary 15 1909	78 YRS	DATE DATE			
hou hou		RTHPLACE (STATE OF FOREIGN		OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH			
Of Control		shington D.C		States	WIDOWI	ED DIVORCED	Montgomery	MD.			
with with	10, C	TY OR TOWN OF DEATH	LIE NOT IN	SUCH FACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR			
notic		thesda	Subur	Suburban Hospital			Analyst US Gove				
duid be		AL RESIDENCE (# NURSING HO STATE 138. C	ME OR OTHER INSTITUT	13c CITY OR TOW	C.	13d INSIDE CITY LIMITS? YES X NO	4113 5th Street	, N.W. 20011			
5 / 2		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST			
	Ro	bert F. Sham	vell			Caroline McN	lea I	(A)			
0 6			S. ARMED FORCES			17 INFORMANT	ADDRESS				
m di		0		577 -22 -6	5229	Sylvia Jones/	11742 Veirs Mill	Rd Wheaton Md.			
ol.		18 CAUSE OF DEATH Ent PART I DEATH WAS C	er only one couse	per line for (a), (b), and	d ic ii			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
emo			DIATE CAUSE (0)		esbi.	SATORY AR	REST	IMMEDIATE			
or r offe			DUE TO	, OR AS A CONSEQUE	NCE OF	0 0	201-11	71000			
mon mon		Conditions, if any, which		INTRAA	0201	nIRAL BLEE	SNG	7 days			
other tr		gove rise to immediate couse to, stating the underlying cause los	DUE TO	OR AS A CONSEQUE	60 dan						
buriol ry, ar	-7	PART 2 OTHER SIGNIFICA	NT CONDITIONS				INAL DISEASE OR CONDITION GIV	EN IN PART 1 o			
or to	CERTIFICATION		1								
s on	CA	190 DATE OF OPERATION		ARCINOM.				S, WERE FINDINGS USED TYING CAUSES OF DEATH?			
gien	RTI	5.23.87		E OF INJURY	3 14 6		YES NO YE				
18 H		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		A.M MONTH DA	YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. I	PART I OR PART 2)			
tent ten	MEDICAL	LIF EITHER NOTIFY MEDICAL EXA		P.M.	19	214 LOCATION					
N Pu	MED	214 INJURY OCCURRED		CE OF INJURY , STREET, FACTORY, OFFICE, F.	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ith o		AT WOPK AT WOPK			1001	10	1.40 8	_87			
Te o		22a. certify that (I) (this- sow the deceased ali		the deceased from L	27/	nd that in (my) (our+ opinion o	to do the date and have	19 O , that (1) (we) lost			
m 21		obove, Milwel (did) (d	not view the bo	ody ofter death.		DEGREE	death accurred on the date and hou	22c. DATE SIGNED			
If the		W. Stulet	with 24	\		ATTENDING	_ MEDICAL STAFF	6/9/87			
Z Z		224 PHYSICIAN'S NAME	TVOE OR ORIGITI	*		PHYSICIAN 1	DIRECTOR PHYSICIAN	16/1/01			
the SRIA		LUIS DEN	TO LI LA	mn		,	TGOMERY AUR-13	BETHEINA-MJ			
IMPO With t	22	75.4 577			IAME OF C		123d LOCATION				
60	230. t	BURIAL, CREMATION, REMO	OVAL 236. DATE	236 N	AWE OF C	EMETERY OR CREMATORY	Z30 LOCATION				

DHMH - F6 60M 7/84 (VRA 15, 4) Burial 6/13/87 Lincoln Memorial

4 FUNERAL DIRECTOR McGuire Funeral Service
7400 Georgia Ave. Washington, D.C.

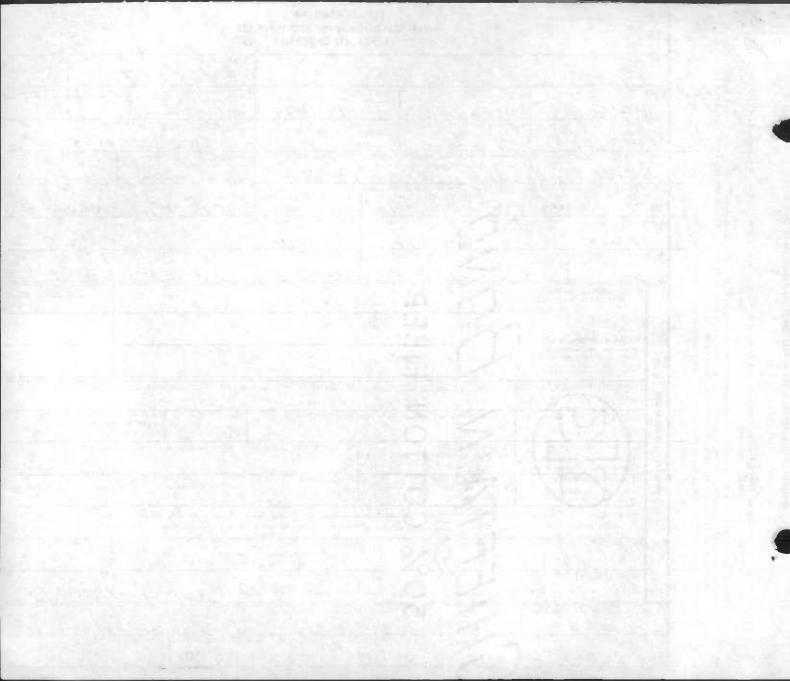
Suitland, Md.

250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNAPURE

NOV 22 1986

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CA					
				10.000	
		No. Ex.			
			45-1-72		

STATE OF M.... DEPARTMENT OF HEALTH AND MENT. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN L DIRECTOR.
YOUR FILES.
N 72 HOURS DEATH MATED [Ricky Janisch 6 - 231987 DATE OF BIRTH IF UNDER 24 HRS DATE 7d HOUR YEAR LAST BIRTHDAY 11:00 PRONOUNCED 57 13 30 White 1987 PM FOR 2, AND 3 TO THE FUNERAL D
3. RETAIN PAGE 5 FOR YO
2 SHOULD BE FILED, WITHIN 7
PLECCRES, 201 W. PRESTO Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE TATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S. Dakota USA WIDOWED _ DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Takoma Park Washington Adventist Hospital self-employed Journalist USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STATE T3d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. NO 8301 Garland Ave 20912 Takoma Park 14 FATHER'S NAME LAST MIDDLE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE AGGS 1, PAGG 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGG 3 SHOULD BE USED SAS, BURIAL. TRANSIT PERMIT PAGGS 1, AND METER DEATH, WITH THE STATE DEFERMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VEIL BALTIMORE, MARYIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Gene R. Janisch Haze Krogstad 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-70-4461 Gene R. Janisch Mountain Falls 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a Cranio-cerebral injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 2TE HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING A OR 10:30PM 6-23 187 Pedestrian struck by hit-run vehicle CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. II. LOCATION 71d. INJURY OCCURRED unavailable CITY OR TOWN STATE AT WORK NOT WHILE unavailable AT WORK Autopsy X 22c. I certify that I tody charge of the remarks described draws, held an death resulted for Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6-24-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation 6/26/87 Omps Funeral Home Winchester 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Witzke & Family Julia Divideon. Randall Columbia Pike (VR A15 ME (5))



25420	FOR STATE REGISTE
20120	I DECEASED N

In funeral director page 3

STATE OF MARY DEPARTMENT OF HEALTH AND CERTIFICATE OF

LAND MENTAL HYG DEATH	IENE 8 / I	11	5 4
	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	JUNE 22 1987		8:00 P
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
1937	49 YRS	MONTH. DAT	HOURS MIN.
MARRIED [9 BALTIMORE CITY OR COUNT	Y OF DEATH	
NORCED	MONTGOMERY		MD.
NOITUTITE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		F BUSINESS OR
	RETIRED .	U.S.1	NAVY
CITY LIMITS?	3705 TOWANDA RO	AD 223	03
S MAIDEN NA	ME	LAST	
	ETH RUTH ALBRIGH		
ANT	ADDRESS	THE RESERVE	
M.JENS	EN,3705 TOWANDA	ROAD, AL	EXANDRIA,
22303		APPROXI/ BETWEEN C	MATE INTERVAL
INOMA O	F THE LUNG		
V. 11 33/			

Julia Dividson Randose

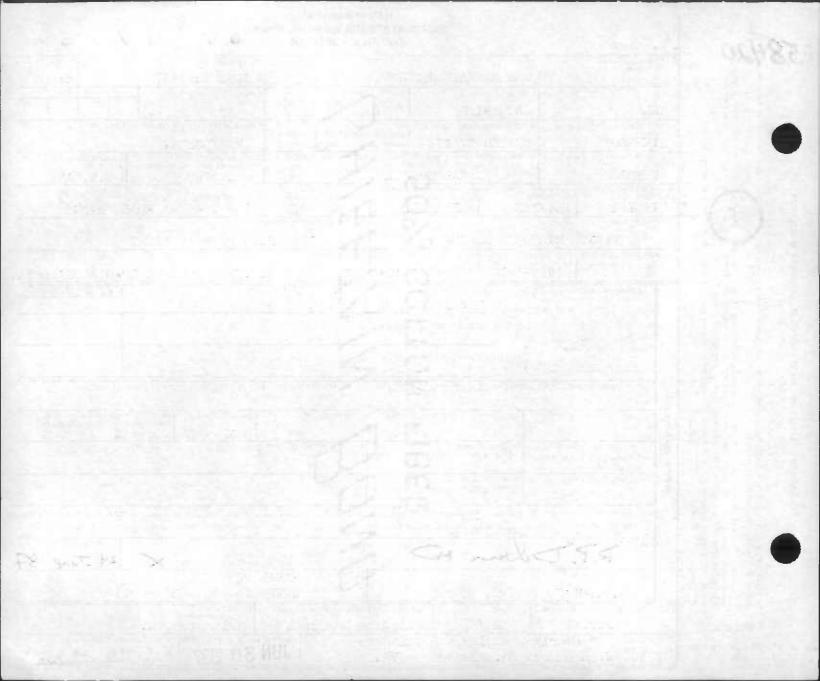
40									1120,111	O		
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
			TH	IOMAS MI	CHAEL JEN	SEN			JUNE 22 1	987		8:00
	3. SE2	X		4 RACE		S. DATE (AGE (IN YEARS LAST BIR	FHDAY	WONTH UAT	IF UNDER 24 HRS
	M	ALE		CAUCAS	[AN	OCTO	BER 11 193		49	YRS	DATE	SOOKS MIN.
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIE		BALTIMORE CITY O	R COUNTY	OF DEATH	
U		INNESOTA		UNITED	STATES	WIDOWI			MONTGOME	RY		M
	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	N	120 USUAL OCCUPATE			OF BUSINESS OR
/]	BETHESDA	7		NAVAL HOS				RETIRED			NAVY
		AL RESIDENCE IF NURS	136 COU		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIM	UTS2 1	13e STREET ADDRESS	ZIP CODE	691	9999
3		IRGINIA	FAIR		ALEXANDR		YES NO		3705 TOWAN			03
	4. FA	THER'S NAME		MIDDLE	LAST	9	15 MOTHER'S MAID	ENNAM				
9	/		N NIC	HOLAS JI			ELI	ZABE	TH RUTH AL	BRIGHT	T LAS	,1
	6a V	VAS DECEASED EVER			166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDRE			
5	()	YES NO OR UNKNOWN)		5-1978	472-34-	4389	DONNA M.J	ENSE	N,3705 TOW	ANDA 1	ROAD, AL	EXANDRI
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b), one	dicell	VA 223					MATE INTERVAL ONSET AND DEATH
							NOCARCINOM	A OF	THE LUNG			
			MANAGEDIA		R AS A CONSEQUE							
1		Conditions, if any,	which	((b)	R AS A CONSECUE	INCE OF						
		gove rise to imm	nediate)	2 45 4 60 1550 15	NCE OF	No. 12 Dec					
		underlying cause		10,01	R AS A CONSEQUE	INCE OF						
		PART 2 OTHER SIGN	NIFICANT		ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO TH	ETERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
- 1	NO O											
П	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
	TEK								YES X NO	S TX	ING CAUSES OF DEATH?	
	CER	21a ACCIDENT WAS UND	-	110110 4		VE AD	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	TY IN ITEM 18 P.	ART OR PART 2)	
	AL	OR CONTRIBUTING C		AIN	m, month da m	YEAR	KG A					
	MEDIC	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	A Chil	COUNTY	STATE
	Z	WHILE ONE WH	HLE C	(AT HOME STR	EET FACTORY OFFICE F.	ARM, ETC)	SINEEL		CHYORIO	W 10	COUNT	STATE
		220.1 certify that (1)		ital) attended the	e deceosed from_	JUNE	10 - 19	87	_, to JUNE	22	19 87	that (I) (we) last
		saw the decease abave, (1) (we) (c	ed alive or	JI	JNE 22 19		nd that in (my) (aur) a	pinion de	eath occurred an the do	ite and have	and from the	causes stated
		22b. SIGNATURE	ila / (ala ne	ne body	arrer dearn.		DEGREE				22c. DATE	SIGNED
		R.F	. 0	> New	~ Mi		ATTEND		MEDICAL STAF		24 7	Tune 18-
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)		- 1			HOSPITAL		1, -	4416
		R.P.DO	LAN.	LT, MC,	USNR				SDA, MD 20	814-50	011	
	23a E	BURIAL CREMATION.				IAME OF C	EMETERY OR CREMA		T23d LOCATION			
		SPECIFY) Buria		6/26/			on Mationa		Arlington	a.VA.	COUNTY	STATE
	24 FL	UNERAL DIRECTOR T							REC'D. BY REGISTRAR		RAR'S SIGNAT	URE
		1500 W. Br						JUN	30 1087	Julia ,	Divideon ?	0
		2,00 H. DI	·	OLL TIME I	TONIOT TO	~ 9 TII 0			0 100/	1	Concasto!	AAAAAA

BP DHMH - 16 60M 7/84 (VRA 15/4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the bunal-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is morked at Item 18 shaws any injury, at other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b



STATE OF MARYLAND

8	1		1	1	5
B	REG. I	NO.			
DATE	SE DEATH	ALCOHOLD .	DAY	WC 40	61 4

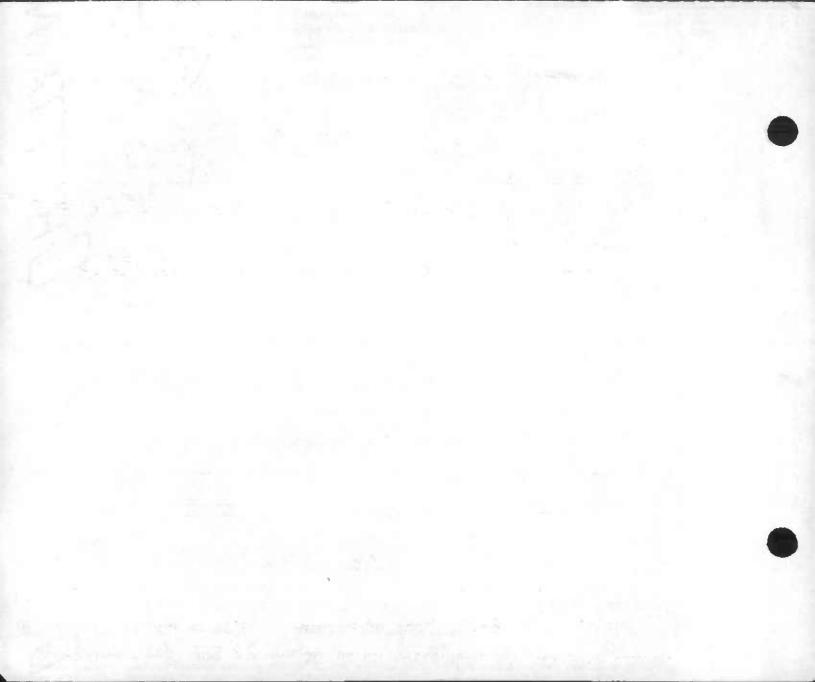
9.77	1			STATE OF MARYLAND	1		
416 JUN	20.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /	171	5 3
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	100
		CEASED NAME FIRST	MIDULE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
eo th	TYPE	ORPRINT) ROMAI	1 Lee	JEROME	·	Lune 9 198	7/40 PM
D d	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
urs of		MAIR	Black	6 9 87		YRS	1 35
2 ho		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED THEY PARRIED		COUNTY OF DEATH	
	10.0	TY OR TOWN OF DEATH	1 NAME OF HOSPITAL NURSIN	WIDOWED WINDORCED	120 USUAL OCCUPATION	MCRY DN 12h KIND	MD. OF BUSINESS OR
ed the	100	Silver Soring	(IF NOT IN SUCH FACRITY, GIVE STREET HOLY CYOSS		TYPE OF WORK FOR MOST OF		
be fill		AL RESIDENCE (IF NURSING HOME OR	THER INSTITUTION GIVE RESIDENCE BEFOR		13e SIREET_ADDRESS /	710 CODE (2-0)	910
13	130.3	TATE MA 136 GOUNT	nta Silver S	VING YES NO	8824 La	nich DR	#3
2 sh	14. FA	THER'S NAME	IDDIE / LAST	15. MOTHER'S MAIDEN NA	AME		ASJ
3/30		IAn	JEROMO	Melissa			ilson
dical		VAS DECEASED EVER IN U.S. ARA		JRITY NO. 17. INFORMANT	ADDRE!	SH SAM	e #5
S. Po		MH	WAR OR DATES]	NE VIVELISSA U	1130N (1110)	her / # X	3
815		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line far (a), (b), an		10	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
1000		IMMEDIATE		e Prematurely .	- 19 week go	estation	
NUL			DUE TO, OR AS A CONSEOU	ENCE OF			
a dia	, å	Canditians, if any, which gave rise to immediate	(b)	calinely of len	p-		
×e t €		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
pleas prod, or o		DARY 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONT	DITION CIVEN IN PART	lio
sign hen to bu	NO	PART 2 OTTER STOTAL CART C	SAUTIONS CONTRIBUTING TO	DEATH BOT NOT KEEPIED TO THE TEN	MINAL DISEASE ON COND	THOU OIVER BY AKI	110
prior	₹ F	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	
Dws J	CERTIFICAT				YES NO	YES	NO [
Hygin 8 sh	E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF-INJURY HOUR A.M. MONTH D.	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	TIN ITEM 18 PART I OR PART 2	
mtol mtol	N A	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
o H	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
ond ond ked	ME	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	CITY OF TOV	VN COUNTY	STATE
se o month		220.1 certify that (I) (this hospite	al) attended the deceased fram_	June 9 19 87	7 10 June	9 19 87	, that (I) (we) last
2) is		saw the deceased alive an abave, (1) (we) (did) (did) (or	June 9/ 19_	F7, and that in (my) (aur) apiniar	death occurred on the da	te and hour and from th	ie causes stated
en ted		22b. SIGNATURE	, A	DEGREE		11 PAT	ESIGNED
te De		- John	Van Julle	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAND CA	me 9,1987
A Sto d		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	22e ADDRESS		/	
should be divide the Sto		JOHN VAN	BRAKLE	HOLY CROSS ,	HOSPITAL CE	SILVER SPR	2146
5€3 ₹	23o. f	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	6-10-07 62	to of Hoorson	C - 7 - 7 - 7 - C		nta MD

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR George R. Snowden (VRA 15, 4)

Rockville, MD 20850

JUN 22 1987 Julia Dender Render



	1-	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	options and the second	/ / :	5 5	
		CEASED NAME FIRST		MIDDLE	L.	AST			DAY YEAR	2h HOWR	
23	Tithe	Bessi	е н	ope	Jo	hnson	Jı	ine	6. 1987	10.15AM	
	3 SE)		4 RACE	0,00	5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIR		FUNDER YEAR	IF UNDER 24 HRS	
	Fen	nele	Black		July		83	YRS.	MON'H_ UATS	HOURS MIN.	
1	70 BII		Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O		OF DEATH		
0		rginia	United	States	WIDOWE		Montgomer	у		MD.	
17	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR	
0	Sil	lver Spring		nd Nursin		3	Speech tea		School	l system	
1		TATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		101=	
D	Mai	yland Monte	gomery		ase	YES X NO	2920 Terra				
13	14 FA	THER'S NAME FIRST	AIDDLE	LAST	-	15. MOTHER'S MAIDEN NAM	WEDTE		LAST		
V	Wi]	Lliam E. Hope				Blanche Scro	ggins				
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRE	SS		ton, DC	
1	No			578-16-	5740	Grayce Green	well, 6621	- 3rd		St.N.W., Weshing	
		18 CAUSE OF DEATH. Enter only one cause per line for a), (b), and (c) PART I. DEATH WAS CAUSED BY								NATE INTERVAL	
	4	IMMEDIATE CAUSE (a) Cardiac arrest								10 minutes	
		Market Balling	7								
		Conditions, if ony, which gave rise to immediate	(b)	Cerebral	vascu	lar occlusion			3 years		
		cause to, stating the underlying cause last.		R AS A CONSEQUE					201 40000		
						ic cardiovasc		20+ years			
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Senile cachexia: Parkinsonism									
	ATIC	190 DATE OF OPERATION				N WAS PERFORMED	20g AUTOPSY?	20h IF YES	, WERE FINDIN	GS USED	
X	CERTIFICATION						YES NOT		YING CAUSES		
-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCURR				140	
1		OR CONTRIBUTING CAUSE OF DEA	m .	M. MONTH DA	Y YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			40000		
	W	WHILE NOT WHILE T	(AT HOME STR	EET FACTORY OFFICE, FA	ARAA, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE	
	2	220.1 certify that (I) (this hospit	al) attended the	e deceased from_		uary 19 82	_, to 6 June	<u> </u>	19 87	hot (I) (we) lost	
		sow the deceased alive an above, (1) (we) XXI (did not	13 May	ofter death	7, on	d that in (my) (our) apinian c	death occurred on the do	ite and havi	r ond from the c	auses stated	
		22b. SIGNATURE	1/1	2	- "	DEGREE			22c. DATE S		
T		Cuthun.	0,0	mue,	h	ATTENDING PHYSICIAN	MEDICAL STAF		6-	6-87	
1		224 PHYSICIAN'S NAME (TYPE OF	PRINT)		4-5-1	22e ADDRESS 10881	Lockwood D	rive			
1		Arthur S. Bres	ler, M.	D.		Silve	r Spring, M	laryla	nd		

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR After this certificate has been should be detached for use as the burial-transit permit." with the State Dept. of Health and Mental Hygiene prior

MPORTANT: If Item 21 is

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Entombment

6/11/87

23b DATE

23c NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem.

23d LOCATION
CHYORTOWN
Silver Spring, Montgomery, Md.

McGuire Funeral Service, 7400 Georgia Ave. N. W. NUV 22 1986

COLLY 20, TOCK ted Stabes ilecinia ... Filver Joseph Concell of the Concell raryland Hootsphary Chew Chest

agon .1 mobiliti

BTA-15-6740 Scuyes Greenall, bo21 - Ded Mc. S. L., Veshingrestructor refuser terriores

silver spring, Hamiltonia

resulting from

1980 Testeon Drive

6 January 62 6 June

Archur S. Gresier. F. D.

Enternal Street Barrier

till margaring

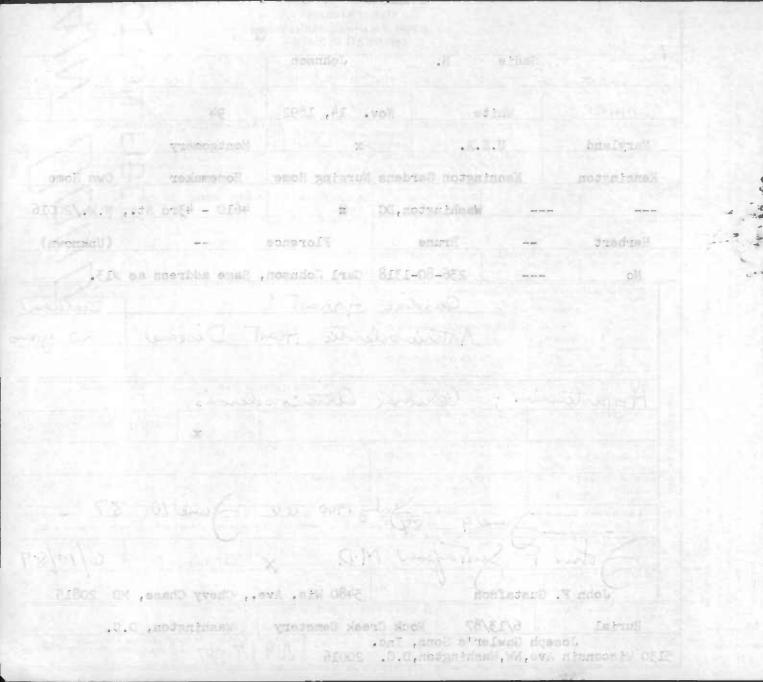
Boke of Heaving Cam. Dillivor Spring, or Logisty, M.

DHMH - 16 50M 7784

(VRA 15, 4)

	STA	TE OF	MARYL	AND	
EPARTMENT	OF	HEAL	TH AND	MENTAL	HYGIENE
(1	DT	ICICA	TC OC	DEATH	0

	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	INGIENE /	REG NO	7	15	1
恩	I. DEC	CEASED NAME FIRST	Sadie	MIDDLE B.		AST Johnson	20 DATE (ONTH DAY	YEAR 2	b HOUR-
	Crime	SADI	E	B	John	USON			10-10	87	6 AM
	3.583	X	4 RACE		5 DATE C		6 AGE (IN	YEARS LAST BIRTH	DAY) IF U		FUNDER 24 HRS
	3	TEMALE	Whit	e	Non	-1 -0		94	YRS.		OURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY OF	DEATH	
2		Maryland	U.S	.A.	WIDOWE			tgomery			MD.
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		DRK FOR MOST OF V		126 KIND OF E	BUSINESS OR
1	_	Kensington				Nursing Hom	е Но	memaker		Own H	ome
3	Mar.S	NURSING HOME 13b CO	DR OTHER INSTITUTION JNTY	13c. CITY OR TOW	'N	13d INSIDE CITY LIMITS?	1 0	ADDRESS / 2	ZIP CODE	99.W.	20016
6	IA FA	THERENAME			OH , DO	15 MOTHER'S MAIDEN		0 - 1)1	u bus	140110/	200,20
/	133	Herbert	MIDDLE	Brune		Floren	CA	MIDDLE		(Unkn	own)
		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECL	JRITY NO.	17 INFORMANT	CC	ADDRESS	5	CIMEI	OWIL
3	(1	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	236-80-	-1318	Carl Johns	on, Sam	e addre	ess as		
		PART I. DEATH WAS CAUS	anly one cause per	line for (a), (b), an	dia	11					TE INTERVAL
			ATE CAUSE (a)	Cano	hac	Arrest				Suc	dden
		Canditians, if any, which	DUE TO, O	A Teri	O D C	Perotic He	cart	Dise	rse	20	your
		gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF									0
Н	NC	PART 2 OTHER SIGNIFICANT		ONTRIBUTION TO	GO C	NOT RELATED TO THE TE	RMINAL DISEA		TION GIVEN	IN PART 1 a	
P	ATIC	90 DATE OF OPERATION 196 COND		ITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, V			S USED
3	CERTIFICATION						YES 🗌	NOX)	IN CERTIFYIN YES [G CAUSES OF	DEATH?
7	15-63-5-14	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCI	URRED (ENTER M	-	IN ITEM IS PART I	OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ENTH		19						
	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	1	COUNTY	STATE
	-	22a I certify that (I) (this has	putal offended th	deceased fram_	Jul	1960, 1960	0 10	une	10 19	87, tho	t + (we) last
		saw the deceased and above, #*(we)		after death.	1	nd that in (my) (our opinio	an death a curi	ed on the dote	and haur an	d fram the cau	ises stated
	1	The STONATURE	F. C	istato	w 1	ATTENDING	MEDICAL			22c. DATES	10/87
1		ZZA RHYSICIAZ S NAME (119	(DEMINI)	1		22e ADDRESS	DIRECTO	re reisicia		-	101
		John F.	Gustafa	m m		5480 Wis.	Ave., C	hevy Ch	nase, l	D 208	15
		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATOR	Y 23d LOC	ATION	re	DUNTY	STATE
		Burial	6/13/			reek Cemeter	Name and the same	ashingt	on, D.	C.	
				r's Sons			ATE REC'D BY	REGISTRAR 25	RECISTRAR		dall
	51	130 Wisconsin A	ive, NW, Wa	shington	D.C.	20016	MA II	198/			



	3	IA	II.	M 10	AKTI	LAND		
PARTME	NT	OF	HE.	ALTH	AND	MENTAL	HYGIENE	1
	CEI	RTI	FIG	CATI	OF	DEATH	U	8

D	F	C	N	0

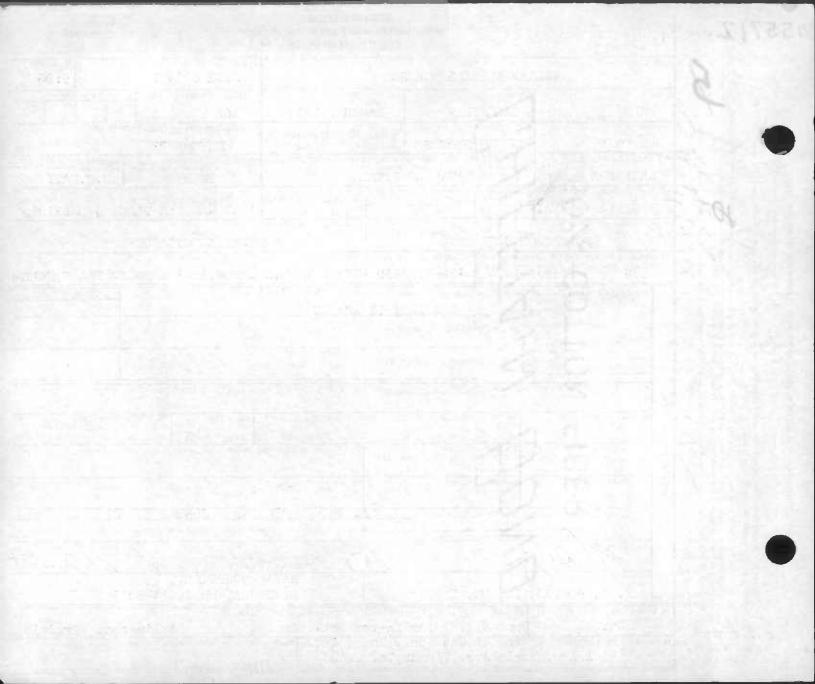
		REGISTRAR			CENTII	ICAIL OI DEATH		REG. N	0			
		ECEASED NAME FIRST MIDDLE LAST						20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	(TAPE	OR PRINT) WILL		SELL JOHN	SON			E 3 1			9:00	A
	3 SEX	(4 RACE		5 DATE C		6 AGE IN	YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 2	MIN.
0		MALE	CAUCAS		MA	RCH 7 1920	67		YRS		- CURS	M IIV.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMO	DRE CITY O	R COUNTY	OF DEATH		
	NI	EW YORK		STATES	WIDOWE	DI DIVORCED	MONTGOMERY				MD.	
1	I	TY OR TOWN OF DEATH BETHESDA	(IF NOT IN SUC	NAVAL HO	SPITA	dr other institution	(TYPE OF WOR	OCCUPATI RK FOR MOST C 'IRED	ION OF WORKING LIFE	INDUSTRY	OF BUSINES NAVY	SOR
1	13a. S V]			13c. CITY OR TOWN MCLEAN		YES NO	1041		ZIP CODE ER PLA	CE /	2210	
4	0	THER'S NAME FIRST GEORGE J	OHNSON	LAST		15 MOTHER'S MAIDEN NAM	ME THERIN	E MCT	EAGUE	LA	ST	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	5 S			
5	(1)	YES 193	7-1974	136-32-	2850	VIRGINIA M.JO	OHNSON	,1041	WARBL	ER PLA	ACE, MC	LEAN,
		18 CAUSE OF DEATH Enter on		line for 10 , 1b and	l le	VA 2210.	I			BETWEEN	XIMATE INTERV	AL EATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) RESPIRATORY ARREST										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which gove rise to immediate										
		couse (os. storing the underlying couse lost) DUE TO, OR AS A CONSEQUENCE OF										
		(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	DPSY?		WERE FINDI		1?
-	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME O			21c. HOW INJURY OCCURR						
1		OR CONTRIBUTING CAUSE OF DEA	JH .	M. MONTH DA M	Y YEAR							
	MEDICAL	(IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) 21l. LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) 21l. LOCATION (IT OF TOWN CO.)							COUNTY	STA	TE	
	Σ	WHILE NOT WHILE D	AT HOME SIN	REEL FACTORY OFFICE FA	RM ETC)	STREET		CITOXIO			317	
		270.1 certify that (I) (this hospital) attended the deceased from MAY 28 , 19 87 , to JUNE 3 , 19 87 , that (I) (we) last										
		sow the deceased glive on JUNE 3 19 87 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we find add not new the body after death.										
		226 SIGNALL	rt			DEGREE ATTENDING	MEDICAL	STAI		22c. DATE	SIGNED	07
1		1 May	1		10	PHYSICIAN [DIRECTOR	PHYSIC		105	pire	7
	15	22d PHYSICIAN'S NAME (/	TICND			L HOSP	-	01/ 50	(/	
	22- 0	T. A. DOWGIN	23b DATE		AME OF C				814-50	11		
		URIAL, CREMATION, REMOVAL BURIAL Burial	June 9			on Natl. Cem.	23d. LOCA	ORTOWN	Arlina	COUNTY	STA Circin	TE .
	24 FU						REC'D. BY F	REGISTRAR	Arling 256 REGISTR	AR'S SIGNA	TURE	Id
		FUNERAL DIRECTOMONEY & King Vienna Funl. Home, Inc. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 171 W. Maple Ave., Vienna, Va. 22180										

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remava. MyPORTANT: If them 21 is marked or them 28 You'vis only injury, ar other troumatic event, the i

DHMH - 16 60M 7/84

(VRA 15, 4)



		ARY		

I AND MENTAL HYGIENE E OF DEATH	8	REG. NO.	1	7	1	5
10.0	ATEC	OF DEATH	4			The second

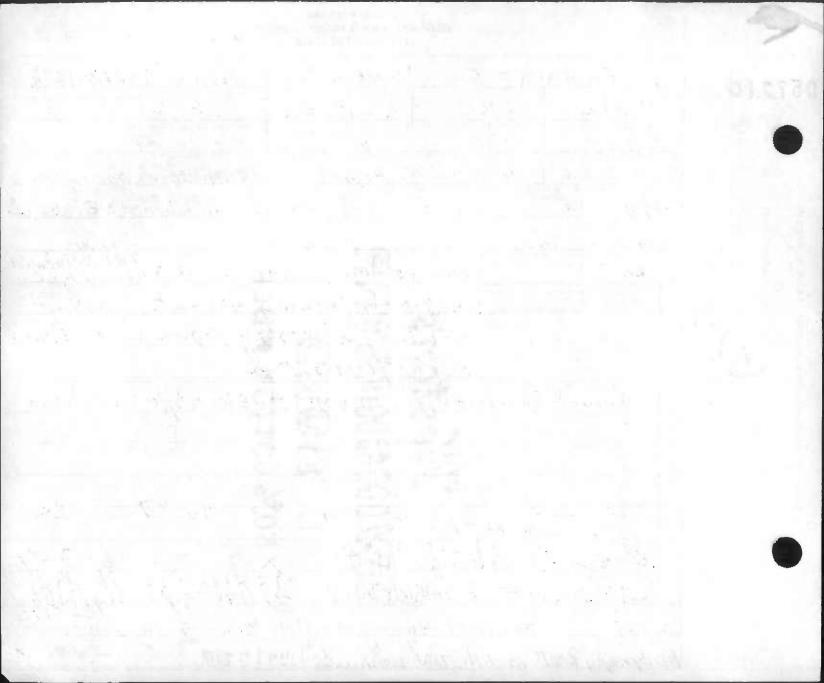
	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 /	171	5 7
1		CEASED NAME FIRST	MIDDLE	7	AST .	20 DATE OF DEATH MONTH	H DAY YEAR	26. HOUR
		FAAN	t /	JOV	IES JR.	June	19,1937	Jot HIM
6	II, SEX	male	DCACK	5 DATE O	- 12-26	6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
7		RTHPLACE LYLAN ON HON-CO-	76 CITIZEN OF WHAT COUN	MARRIED		9 BALTIMORE CITY OR CO	, 1	
	(JC)	TY OR TOWN OF BEATH	NAME OF HOSPITAL, NU	JRSING HOME O		120 USUAL OCCUPATION		MD. OF BUSINESS OR
Ž	TL	VER SPRING	HOLLING SUCH FAGILITY, GIVE	coss 14	ospilal	TRUCK-DRI		
1	USUX City S	ALRESIDENCE IN HIR PASSIBLE OF	TY INSTITUTION GIVE RESIDENCE		138 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 1227-Nichols	code st. T. E	Wish D.C
1	JA FA	FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN N	AME	_ LAS	T.
4	1	Rank F. Jo	ones SE.		Margares	<i>†</i>	Simo	05
3		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES GIV	WE WAR OR DATES) 577-3	6-4716	Mary L. Wil	11 iAms (Sister)	227-11 1.E. (1XI	ichokon Si
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly ane cause per line far a), (k ED BY: TE CAUSE (a)	DiD-1	MONAY	y Arrest	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	DUE TO, OR ASTA CONS	ECOT OF	Pulmor	laus Epen	14 20	leura
		ause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF	engio	2l		
	z	PART 2 OTHER SIGNIFICANT	12	1	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART THE	1.1
-	CERTIFICATION	THE DATE OF OPERATION	196 CONDITION FOR W		N WAS PERFORMED		IF YES, WERE FINDIN	
1	TIFIC					YES NO	CERTIFYING CAUSES YES	NO DEATH?
0	12/07/5/97	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	at work Act work			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1-17-0	17	11:0
		220.1 certify that (1) (thus hosped saw the deceased alive an analytical (did) (did)	1 . 12 /77		d that in (my) (pur) opiniar	n death accurred an the date an	d haur and fram the	causes stated
		276 SIGNATURE Y	3 Patricis	Mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	13-87
1		CTEOR	GERALDE B. PA	HAICHJ	RMD	27/00/es	ville	Rai

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23b DATE

23d LOCATION



056658

CTATE OF MADVIAND

	INIE		MILLO	
DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CER	RTIFIC	ATE OF	DEATH	

CERTIFICATE OF DEATH	REG. N	40			n-	3
LAST	20 DATE OF DEATH	нтиом	DAY	YEAR	26 HOL	JR
KAZHDAN		6	8	87	12:	47
5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UND	ERIYEAR	IF UNDER	24 H
2 10 O2	. 85	YRS		DATS	HOURS	AA
8	9 BALTIMORE CITY	OR COLIN	TY OF D	FATH		

FEMALE	CAUCASIAN
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED DIVORCED

HOMEMAKER

MONTROSE

13e.STREET ADDRESS / ZIP CODE

MIDDLE

HOME

RD::20852

RUSSTA

FOR

- STATE REGISTRAR DECEASED NAME

ROCKVIL

YESXX TAMARA

NOTKIN

FRUMSON 166 SOCIAL SECURITY NO

17 INFORMANT SON ALEXANDER KAZHDAN:

ADDRESSWASHINGTON DC 20007 1703 32nd St. N.W.

17/00

	one couse per line for 101, (b), and 10 DBY TE CAUSE (a) (Ardiopulmonnty Afrett	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) MY OCATION JULY THE THE TOTAL	

THE OF OPERATION	178 CONDITION FOR WHICH O	FERAIIO	WAS FERFORMED	200 AUIN		IN CERTIFYING CAUSES OF DEATH		
				YES 🗌	NO	YES 🗌	NO [
(IF EITHER NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c HOW INJURY OCCURRED) (ENTER N	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2]		

21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN COUNTY STATE 220 I certify that (I) this haspituli allended the decreased from

- the body ofter deoth

22b. 53GNW, TURE DEGREE 22c. DATE SIGNED

226 PHYSICIAN'S NAME ITYPE OR PRI

236 DATE

230 BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION S.E. U

BURIAL

CERTIFICATION

MEDICAL

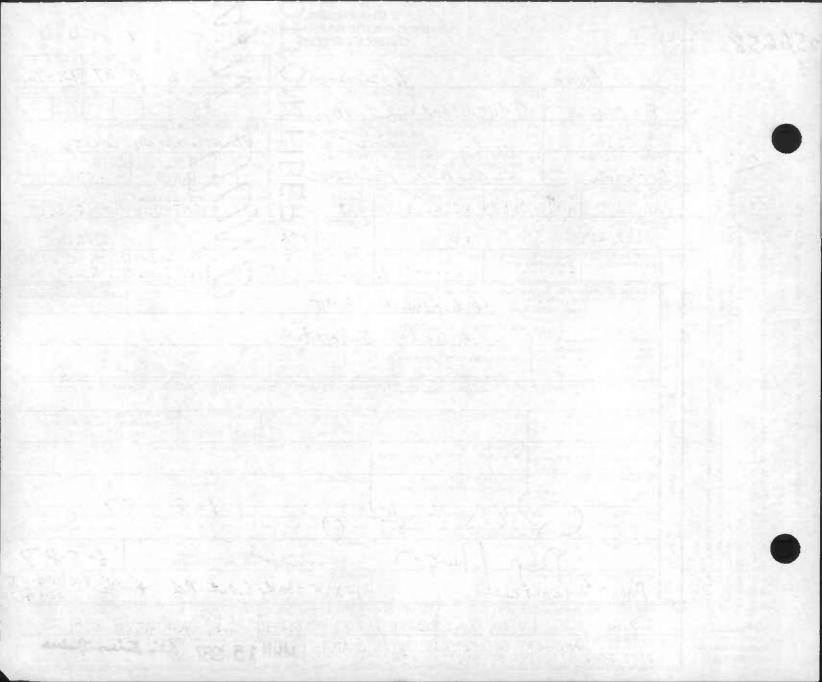
or Item 18

MPORTANT

6/10/87 74 FUNERAL DIRECTOR DANZANSKY-GOLDBERGOOMEMORIAL CHAPELS 1170 ROCKVILLE PK: ROCKVILLE, MD 20852

KESHER ISRAEL CONG. CEM

DHMH - 16 60M 7/84 (VRA 15, 4)



		STATE OF MARYLAND		
FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /	17/5
TYPE OR PRINT)	Mary Charletty Charlott	e Keller	20 DATE OF DEATH MON	7,1987 85A
Female	RACE White	January 1,1900	6 AGE (IN YEARS LAST BIRTHDA	YRS
76 BIRTHPLACE MATE OF FUREIGN COUNTRY Indiana	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgow	
Silver Sorie	(IF NOT IN SUCH FACILITY, CAVE STREET	MOOR Drive	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS O INDUSTRY Own home
130 STATE ATYLAND 14 FATHER'S NAME	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR PUBLY STOR TOWN		130 STREET ADDRESS ZZIN	unmoor Drive
Carrice WAS DECEASED EVER IN U.S	Dimick Steve ARMED FORCES? 160 SOCIAL SECT. 5. GIVE WAR OR DATES.)	ens Fannis	Joe ADDRESS	Binford
No	- 295-28	3-5617 Mrs. Nancy S	trouse, sa	me as 13
PART I DEATH WAS CA	er only one couse per line for a , b on USED BY DIATE CAUSE (a)	noma of th	elung wi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause a), stating the	DUE TO, OR AS A CONSEQU	nultiple mel	tastases to	
	(c)	DEATH BUT NOT RELATED TO THE TER	DO N	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTION CAUSE O	FOEATH HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN	TEM 18 PART ORPART 2)
THE ETHER NOTIFY MEDICAL EXAMINATION OF THE ATTWORK ALL WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE F	FARM, ETC.) 211 LOCATION STREET	TITY OF TOWN	COUNTY STATE
sow the deceased aliv	ospital) attended the deceosed from e on TUNE 7 19 &	7 ond that in (my lour) opinion	death accurred on the date of	nd hour and from the causes stated
22d PHYSICIAN'S NAME (a Parte p	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	June 7,19
Bennet	A. Porter, J	r.M.D 9301 Colesy	ille Rd., Silver	Spring, Md, 209
230 BURIAL, CREMATION, REMO (SPECIFY) Cremation	6 0 00		CITY OR TOWN	COUNTY STATE
24 FLINEPAL DIPECTOR		tropolitan Cremato	TE REC'D. BY REGISTRAR 256 I	REGISTRAR'S SIGNATURE
P. O. Box 4335	chard Rapp, Inous 2, Washington, I	DC 20010 J	UN9 1987 1	tia Devidion Randallo

DHMH - 16 60M 7/84 (VRA 15, 4)

P. O. Box 43352, Washington, DC 20010

should be detached for use as the burial-transit permit. Then please remove carbains with the State Dept, at Health and Mental Hygiene prior to burial, cremation, ar rema

TO FUNERAL DIRECTOR After this certificate has been

eral director page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO				
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
JUNE	28,	1987	11:0	JA
6 AGE (IN YEARS LAST BIRTHDAY)		ER VEAR	IF UNDER	
70	MONTH	DAYS	MOUKS	M/N

	CEASED NAME	FIRST		MIDDLE		AST		20	DATE OF DEA	ниом НТА	DAY	YEAR	26 HOUR
LIVPI	OR PRINTI JANUA	53	Wei	LIAM	KEL	LY				JUNE	28	1987	11:05 A
3 SE	X		4 RACE		S. DATE C	OF BIRTH		6 A	GE (IN YEARS I	LAST BIRTHDAY)		DER VEAR	IF UNDER 24 HRS
]	Male		White	9	Aug	. 4,	1928 48		58	YR:	MONT	15 DAYS	HOURS M.N.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- 4E NEV	VER MARRIED	9. B	ALTIMORE C	ITY OR COUN	TY OF	DEATH	
	Ohio		Ţ	JSA	WIDOWE	- 40 10	DIVORCED [Mont	gomery	Cou	nty,	M
11 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER	INSTITUTION		USUAL OCC				F BUSINESS OF
	Rockville		DUADU	HEAGITTY RVE AREE E	- (+1	JU91	MISTHS	PP		Automo			Shop
	AL RESIDENCE (# NURS	136 COUN		GIVE RESIDENCE BEFORE		113d INSI	DE CITY LIMITS?	113e	STREET ADDS	RESS / ZIP CO	DDF		
Ma	aryland	Mont	gomery	Germanto	own	YES [NO-E			Kingsbr		Dr.	20874
14 FA	ATHER'S NAME					15. MOTH	HER'S MAIDEN N						
	James	_	inton	Kellv			Robin		MIE	DD1E		LAS	ī
160 \	VAS DECEASED EVER			166 SOCIAL SECUI	ON YTIS	17 INFO	100021			ADDRESS		Wood	
(NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	216-22-05			therine	P.	Kelly.	It	em 1	3	
	18. CAUSE OF DEATH PART I. DEATH W	'AS CAUSE		LIATION A.	/3	1	IONPNE					APPROXI BETWEEN O	MATE INTERVAL DINSET AND DEATH
Conditions, if ony, which gave rise to immediate Due TO PR AS A CONSEQUENCE OF DEPONDED CARCINGMA OF DLUNK							3	YRS					
	cause (0), stating underlying cause	0	DUE TO, O	r as a conseque	NCE OF	0			16.50				
_	PART 2. OTHER SIGN	VIFICANT (CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELA	ATED TO THE TER	MINAL	DISEASE OR	CONDITION	GIVEN IN	PART 1	
FICATION	CHRO	Nic	OBSTR	ELLETIVE	Pu	LMOI	NARY	DK	FRASE				
CAI	190 DATE OF OPERAT	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PE	RFORMED	2	Oa AUTOPSY				IGS USED OF DEATH?
E.									F		WES T		OF DEATH:

CHIZON (C	013>112LLCTIVE	PULMONATZY	DKIEAS.
DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTO
			YES 🗌
In ACCIDENT WAS UNDERLYING TO	21h TIME OF INJURY	1217 HOW INJURY OCC	TIPPED (CAUTED NA

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19

21d INJURY OCCURRED 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

71f LOCATION COUNTY CITY OR TOWN

and that in (my) (per) opinion death occurred on the date and hour and from the causes stated

ATTENDING STAFF 22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b DATE

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY Gate of Heaven

23d LOCATION

Silver Spring, Montgomery, Md.

STATE

24 FUNERAL DIRECTOR

CERT

MEDICAL

FOR

REGISTRAR

- STATE

Olin L. Molesworth, P.A., Damascus, Md.

250 DATE REC'D. BY REGISTRAR 250. REGISTRA

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

BP.

auld be detached th the State Dept

MPORTANT

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con the all designs and			
different controller and the party			
	44% / 9	Y. Call and	
THE STATE OF STATE	I STYLE I	5350-30-453	
AT STANFORD			
			Al Mirror Co.

	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENT		0 .	REG. NO	7 /	6 3
		CEASED NAME OR PRINT)	MORRI		F.	KET	CHEM		20 DATE OF DE	6-11	7-87	26 HOUR 4 46 PM
	1.5EX	MALE		WH1	LE	5. DATE O	DAY YE	9	6 AGE (IN YEAR)	(AST BIRTHDAY)	MONTHS DATS	
5	0	RTHPLACE (SIATI		LS CITIZEN OF W	A	MARRIED WIDOWE	D DIVORCE	ED 🗍	-	montes	Co.	MD
1	TA	KOMA	PARK	WASH	FACILITY, GIVE STREET	ADU ADU	PENTIS	ON	000	CUPATION () R MOST OF WORKING	INDUSTRY	OF BUSINESS OR
5		L RESIDENCE IN	136 COUNT		FREDELU		13d INSIDE CITY LIM		7524	RIDGE	Read	21701
1	14 FA	HARLE	HA	atfold	Keta	hem	CARR	IE IE		IDDLE	ENGL	E.E
7		VAS DECEASED E VES NO OR UNKNOWN YES		WAR OR DATES)	166-24-		HELEN KET	tche	M 7524	ADDRESS RIDGE R	D. FREDE	RKK, MD
		PART I. DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	BY.	ne for 101, (b), and ARDIOP		NARY AR	PLES	T		BETWEEN	SMIN
	C 24 .	Canditians, if gave rise to cause IaI, s underlying co	immediate	(b) f	AS A CONSEQUE	ECEN	TANT, SE	EPT I	MYOCAR	DIAL IN	FAACTON	3WKS
	NOI	PART 2 OTHER :		EART BL		ERMA	NOT RELATED TO THE	CER,	NAL DISEASE O	R CONDITION (GIVEN IN PART 1	0
	RIFFICAT	190 DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPS	IN CER	YES, WERE FIND TIFYING CAUSE YES []	
1	ICAL CER		S UNDERLYING CAUSE OF DEATS MEDICAL EXAMINER)	HOUR A.M	MONTH DA	YEAR	21c HOW INJURY (OCCURR	ED (ENTERNATURI	OF INJURY IN ITEM 1	8 PART OR PART 2)	
	MEDICAL	21d. INJURY OCC	OT WHILE TWORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, F	-/	211 LOCATION STREET		C	TY OR TOWN	COUNTY	STATE
			t (1) (this haspita teased alive an_ re) (did) (did nat)	6//	6 19 8	5/22 17 , an	d that in (my) (aur) c	apinian d	eath accurred a	n the date and h		that (I) (we) last e causes stated
		226. SHOMALURE	1. V	1.0	1	-1	DEGREE				22c. DAT	SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

that the State De MPORTANT.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

BURIAL

24 FUNERAL DIRECTOR 6-20-87

6hue

23b. DATE

GREENE

PA

BY REGISTRAR 856 REGISTRAR'S SIGNATURE

		1				STATE	OF MARYL	AND					
		1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYG DEATH	IENE 8	NO	7 /	5 ~	
	-61		CEASED NAME FIRST		WIDDLE	٤,	AS1		20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR	
ge 3			Benja	nin	F.	Ki	te		h	ne I	14/98	76 1:	, M
, po		3. SE	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24	HRS
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ol d	X 3		RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER	MARRIED [9 BALTIMORE CITY	OR COUNTY	OFDEATH		
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with	八多人	10_C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPA		126 KIND C	OF BUSINESS	SOR
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be f	2)		AL RESIDENCE (IF NURSING HOME COL		GIVE RESIDENCE BEFORE		13d INSIDE (TITY I IMAITS 2	13e STREET ADDRESS		1 10 10 10 10 10 10 10 10 10 10 10 10 10		<i></i>
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d co	0 1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADD	RESS			
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n ple	, o		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	0	
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野		E	Charles Street						YES NO	YES		NO [
11	70	GE C	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY .M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2)	The	
10	17	IA:	OR CONTRIBUTING CAUSE OF DI	ALIA.	.M. MONTH D	19							
9.0	0	MEDICAL	21d INJURY OCCURRED		OF INJURY		21f LOCATI	ON	CITY OR T	0.000	COUNTY		
er the	ked	Z	WHILE O NOT WHILE O	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIREE		CITY OR I	JWN	COUNIT	STATE	Ė
Se o	m mo		220.1 certify that (I) (this has	oitol ottended th	ne deceosed from_	10	153	. 19	_ to =2-61	June	19 F.Z.	that (I) (we	lost
TOR for u	21 is		sow the deceased alive a above, (I) (we (did (did	201	March 19 d	71.00	d that in (my	(our) opinion o	death occurred on the	date and hour	r and from the	couses state	ed .
DIREC	te m		22b. SIGNATURE	or view me body	oner deol	- [DEGREE				22c DATE	SIGNED	1
	5 =		Willian	111	1/1.	1 2	25	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [1/2/	24	16
VERA	AN	1	226. PHYSICIAN'S NAME (TYPE	OR PRINT]		(22e ADDRES		Constitution of the same	C.A. C	10/	-/-	-
should be det	MPORT		William Aud				9004	Calassi	lle Road S	: P. 10 = C	Suprimo	MD	
Oh oh	3 4	23n	BURIAL CREMATION, REMOVA	L 23b DATE	123c h	NAME OF C		CREMATORY	123d LOCATION			MD	
			SPECIFY)						CITY OR TOWN		COUNTY	STATE	

Lincoln

MD 20901

Brentwood Pr Geor

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

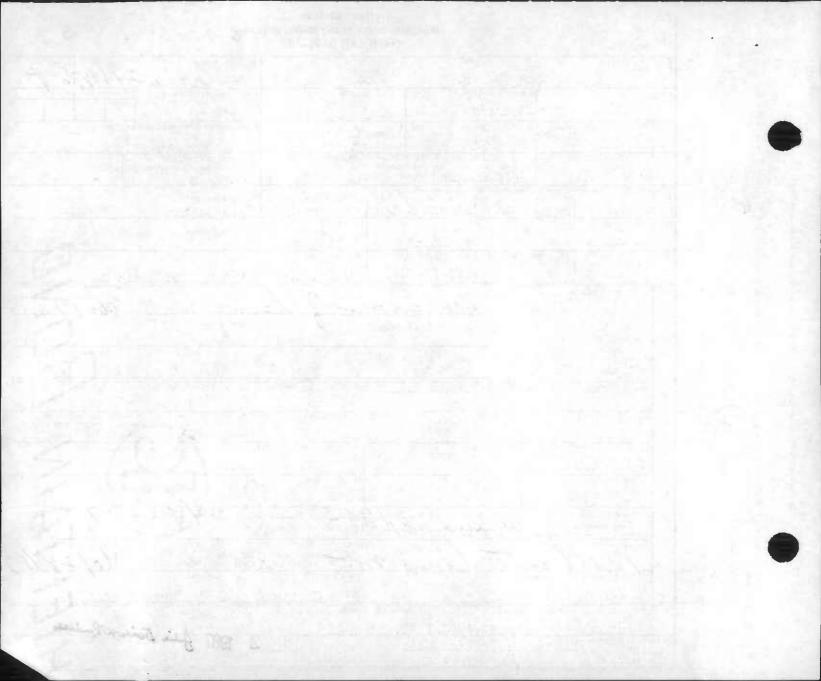
burial June 27, 1987 Ft

24 FUNERAL DIRECTOR Francis J. Collinsogress Jr.

500 University Blvd. W Silver Spring.

TO HOSPITAL OR ATTENDING PHYSICIAN

retained by the hospital or attend to



erol director page 3 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG NO	l	7	1	Ó	7
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	1 - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL I	IYGIENE 8	1	ĺ	71	6 3
	DECEASED NAME FIRST	-	IDDLÉ	1/	AST	Zo DATE O	REG NO		DAY YEAR	26 HOUR
	(TYPE OR PRINT)			111		20 DAIL O	/ DEATH	MOTOR E		-123
L	LEWIS		١.	13/81	N			6	1 87	PM
3	3 SEX	4 RACE		5 DATE O	F BIRTH DAY YEAR	6 AGE (IN	YEARS LAST BIRT		ON HS BATS	HOURS MIN.
L	male	Caucasi	an	July	25 1900		86	O YRS		NOONS JAMES
7	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMO	ORE CITY O	RCOUNTY	OF DEATH	
	New York	U.S.A		WIDOWE	D DNORCED	□ Mo	Nta	MRY		MD.
1	O CITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION		OCCUPATION FOR MOST OF			F BUSINESS OR
	Silver Sprina		HOLY C	VOSS			ician		Genera	l Practice
	USUAL RESIDENCE (IF NURSING HOME 9		SIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	? 13e STREET	ADDRESS /	ZIP CODE		
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Į.	14 FATHER'S NAME			10.00,00	15 MOTHER'S MAIDEN	NAME	5			
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1	Samuel A		Klei	1	KOSE	1 4 .	A PADDRE	SS .		
ľ		VE WAR OR DATES)			17 INFORMANT dau				town Dr	
L	no		579-12-0	113	Marilyn L.	Ross W.	Bloom	mfield		48033
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per 1	ine for (a), (b), and	l (c)						ONSET AND DEATH
L		TE CAUSE (0)	wem	La					20	veeks
П		DUE TO OR	AS A CONSEQUE	NCE OF						
ı	Conditions, if any, which	(ib)	AS A CONSCOR							
	gove rise to immediate),								
	couse (o), stoting the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF						
Н	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT PELATED TO THE T	PMINAL DISEAS	SE OR CONE	DITION GIVI	EN IN PART 11	
н		20110110110	TATION TO LO D	EATH OOL	NOT KELATED TO THE	- MANITAL DISEAS	SE ON CONT	3111014 0111	DIA HA CHILL IN	
	O MANUEL TIMES YOU I	MILLANDETY	2 Thy	- lham	u agment	11				
-	acute another l	Mcglilloy	TION FOR WHICH	OPERATION		La 200 AUT	OPSY?	20b. IF YES	, WERE FINDIN	√GS USED
-	190 DATE OF OPERATION		ION FOR WHICH	OPERATION	was performed	20a AUT		IN CERTIF	YING CAUSES	OF DEATH?
	190 DATE OF OPERATION	19b CONDIT		OPERATION	N WAS PERFORMED	200 AUT	NON	IN CERTIFY	YING CAUSES	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	INJURY			200 AUT	NON	IN CERTIFY	YING CAUSES	OF DEATH?
		196 CONDIT	INJURY A. MONTH DA		N WAS PERFORMED	200 AUT	NON	IN CERTIFY	YING CAUSES	OF DEATH?
		19b CONDIT	INJURY A. MONTH DA A. DE INJURY	Y YEAR	N WAS PERFORMED 21c. HOW INJURY OCC	200 AUT	NON	IN CERTIFY YES	YING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	19b CONDIT	INJURY A. MONTH DA	Y YEAR	N WAS PERFORMED	200 AUT	NO TATURE OF INJUR	IN CERTIFY YES	YING CAUSES	OF DEATH?
	OR CONTRIBUTING _ CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE	21b TIME OF HOUR A.A.P. P.A. PLACE CAT HOME STRE	INJURY A. MONTH DA A. JE INJURY SET, FACTORY OFFICE FA	Y YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCC	200 AUT	NO TATURE OF INJUR	IN CERTIFY YES	YING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 22a.1 certify thou II) this hosp	21b TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRE	INJURY A. MONTH DA A. DE INJURY SET, FACTORY OFFICE FA	Y YEAR 19	211. HOW INJURY OCC 211 LOCATION STREET	200 AUT YES URRED (ENTER N	NO NATURE OF INJUR	IN CERTIFY YES Y IN ITEM 18 PA	COUNTY	OF DEATH? NO STATE
	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that It has been sown the deceased alive a obove III have I did I did In	21b TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRE	INJURY A. MONTH DA A. DE INJURY SET, FACTORY OFFICE FA	Y YEAR 19 ARM ETC)	216. HOW INJURY OCC 216 LOCATION STREET 19 8 d that in (my) our) opin	200 AUT YES URRED (ENTER N	NO NATURE OF INJUR	IN CERTIFY YES Y IN ITEM 18 PA	COUNTY cond from the	STATE tho (1) we) lost couses stoted
	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 22a.1 certify thou II) this hosp	21b TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRE	INJURY A. MONTH DA A. DE INJURY SET, FACTORY OFFICE FA	Y YEAR 19 ARM ETC)	21c. HOW INJURY OCC 21f LOCATION STREET 19 8 d that in (my) our) opin DEGREE ATTENDING	200 AUT YES URRED (ENTER N to ion deoth occurr	NO NATURE OF INJUR	IN CERTIFY YES WN ote ond hour	COUNTY	OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AL NORWHILE AL NORW 220. I certify that II) this hasp sow the deceased alive a above (II) May idid (alice) 22b SIGNATURE	216 TIME OF HOUR A.A. P.A. 216 PLACE C (AT HOME STRE	INJURY A. MONTH DA A. DE INJURY ET, FACTORY OFFICE FA deceased from 19 office death.	Y YEAR 19 ARM ETC)	21c. HOW INJURY OCC 21f. LOCATION STREET d that in (my) our) opin DEGREE ATTENDING PHYSICIAN	200 AUT YES URRED (ENTER N to ion deoth occurr	NO NATURE OF INJUR	IN CERTIFY YES WN ote ond hour	COUNTY cond from the	OF DEATH? NO
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	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (II) this hosp sow the deceased alive or obove (II) Not (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b TIME OF HOUR A.A. 21c PLACE C (AT HOME STREET) 21c PLACE C (AT HOME STREET)	A. MONTH DA A. OF INJURY GET, FACTORY, OFFICE FA deceased from Office death.	Y YEAR 19 ARM ETC) C	211. HOW INJURY OCC 211. LOCATION STREET 214 LOCATION STREET 216 ATTENDING PHYSICIAN 220 ADDRESS 3 9 4 1	VES DIERN TURRED (ENTERN TO DIE	ed on the do	IN CERTIFY YES YIN ITEM 18 PA	county ond from the 224. DATE Eatour, /	STATE tho(1) we) lost couses stoted 91GNED 2/3 MO 20 906
	OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify thot/li) this hosp sow the deceased olive or obove (1) Jecus (did) (did) 27b. SIGNATURE 77d PHYSICIAN'S NAME (1) PE	21b TIME OF HOUR A.A. 21e PLACE C (AT HOME STREET) 21e PLACE C (AT HOME STREET) OR PRINT) OR PRINT) OS PN	A. MONTH DA A. OF INJURY GET, FACTORY, OFFICE FA deceased from Office death.	Y YEAR 19 ARM ETC) C	216. HOW INJURY OCC 216. HOW INJURY OCC 216. HOW INJURY OCC 216. HOW INJURY OCC 317. LOCATION 518EE1 19. 28 d that in (my) our) opin DEGREE ATTENDING PHYSICIAN 270. ADDRESS	VES DIERN TURRED (ENTERN TO DIE	ed on the do	IN CERTIFY YES YIN ITEM 18 PA	county ond from the 224. DATE Eatour, /	STATE tho (1) we) lost couses stoted 91GNED

University Blvd. W., Silver Spring, Md. 20901

DHMH - 16 60M 7/84

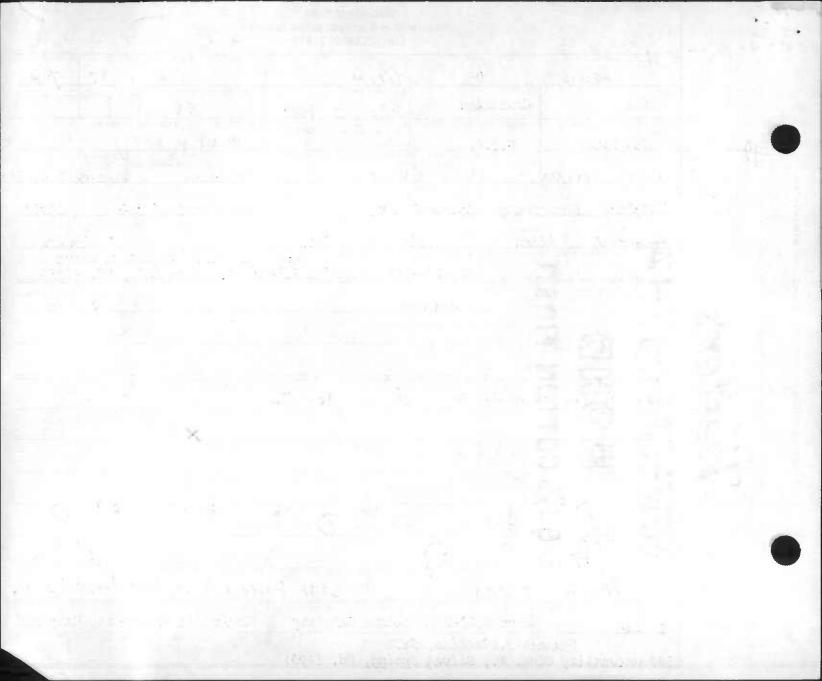
BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detacked for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The TO HOSPITAL OR

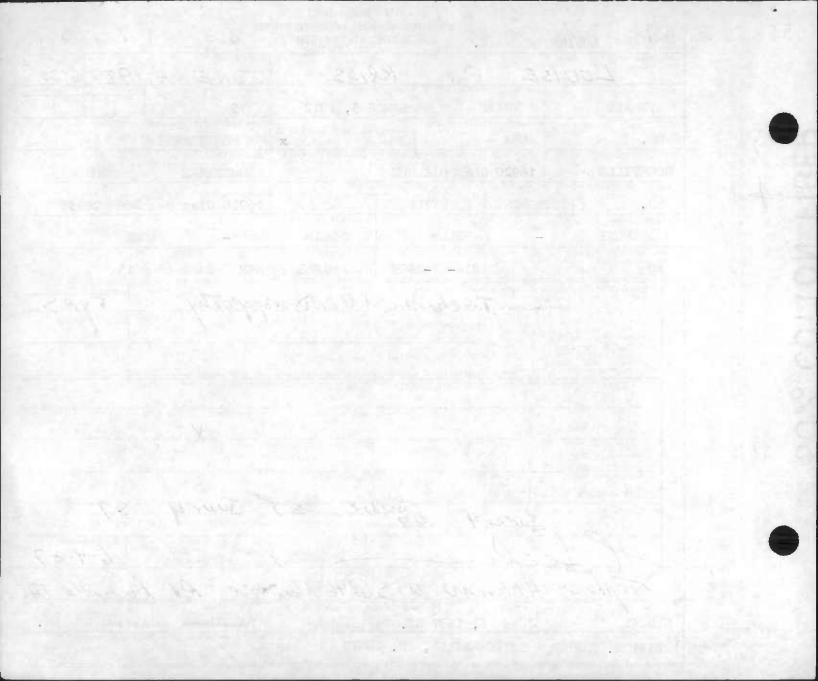
STATE OF MARYLAND

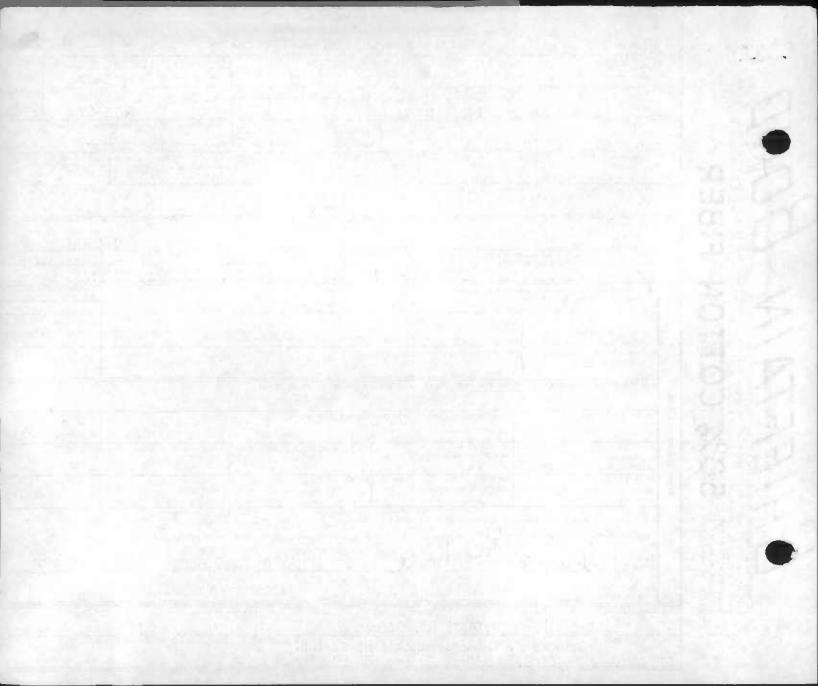
DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

EATH REG. NO 17/6)
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5	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO	0 /	1	7	1 6	0 0
55722	1.05	CEASED NAME	FIRST		MIDDLE	-	AS1	2g DATE OF DE	REG. NO	DAY YE	AR Zh	HOUR !
y be		OR FRINT	din		V	Ko	ch		June	2 19		:25 PM
ma)	3 SE			4 RACE		5 DATE C		6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER	YEAR IF U	URS MIN.
4 9 E		Female		Cauca	sian	July	19, DAY 1932 YEAR		54 YRS		DATS HO	UKS MIN.
2 1 20		RTHPLACE (STATE OF FO	REIGN	TO CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN		Н	
		laryland			States	WIDOWE			GOMER		inty,	MD.
11185		TY OF TOWN OF DEAT		(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET ROUE ADVEA	ADDRESS)	HOSPITAL	12d USUAL OCI	R MOST OF WORKING	LIFE) INDUS		SINESS OR
1 12 2	JUSU/	AL RESIDENCE IN NURSIN	IG HOME OR	DIHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4				
1755	Ma	ryland	Mont g	omery	Germanto		134 INSIDE CITY LIMITS? YES NO 🛣	20100 F	rederick	Road	2087	7
1 40/40	14 FA	THER'S NAME	^	AIDDLE	nnelly		Nina		ANDOLE GT	imes	LAST	
	160 V	Spencer VAS DECEASED EVER II	VUS ARA		16b SOCIAL SECU	RITY NO	17 INFORMANT (SOI	2)	ADDRESS 101		rick	Δπρ
- madic				WAR OR DATES)			Michael W. Ko	och Rocl	kville,			
or of the control of		18 CAUSE OF DEATH PART I. DEATH WA	Enter and	y ane cause per	line far (a), (b), an	d (c				BETY	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
After a special services				CAUSE (a)	CENIC	m 1	Merroms					
t die s				DUE TO, O	r as a conseque	ENCE OF						
other property of the property		Conditions, if any, gave rise to imme		(b)_								
by the other re-		cause (a), stating underlying cause	the	DUE TO, O	R AS A CONSEQUE	NCE OF						
ugned the plant of	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION (SIVEN IN PA	RT 1.a	
Not been permit it permit	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FI TIFYING CAI YES	USES OF C	
DIVISION OF VITA INC PHYSICIAN; The rate attending physicia where this certificate is as the buriol-transit the and Mental Hygic arked online if 8 sho		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	E OF INJURY IN ITEM 1	8 PART I OR PAI	21 21	
HYS ndin his o d Me	MEDICAL	21d INJURY OCCURRE			OF INJURY	ARM FIC 1	21f LOCATION	C	ITY OR TOWN	COUN	Υ	STATE
ING F Sther to the on the one the on	2	AT WORK AT WORK										
END OP OP O		22a certify that (1)	this hospit	al) attended th	e deceosed from		d that in (my) (aur) apinion		in the date and h	19 8	that	
AL OR ATT the hosping AL DIRECTO AL DIRECTO set Dept. of		22b. 5 GNAL	W	W.	2	Wi	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	220 (DATE SIGN	NED
TO HOSPITA retained by TO FUNERA should be de with the Stot		1230 PHYSICIAN'S NAI	ME (TYPE OR				14800 PHYSI	در کمیزی کس	#232	Pou	ulle	508 20
Ope Ope M		BURIAL, CREMATION, R	EMOVAL	23b. DATE	23()	VAME OF C	EMETERY OR CREMATORY	23d LOCATIO		. COUNTY		STAITE
BP		Burial		June 05	,1987 Pa	rk1awı	Memorial Pa					ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	ROC	werat pirector R kvimle, In 300 West M	obert	A. Pun	phrey Fur ve. Rocky	neral	Home/ 250 DA	JUN5 1	ISTRAR 256 REG	STRAR'S SIC	NATURE	dalla

5 9 5 0 Jun	. 20	FOR STATE REGISTRAR LOUISE		С.	NENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH KRISS	REG. NO.	17.	161
\$ C 4 C		OR PRINT	CF	MIDDLE	K	0,55	20 DATE OF DEATH MON	1/ 100/	7 6:30 M
may be page 3	3 SEX		4 RACE	1	5 DATE C		6 AGE TIN YEARS LAST BIRTHDAY	IF INDER VE	AR IF NEER : HRY
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requires that the death certs sen signed by the attending t i. Then please remove carbon or to burial, cremation, or ren y injury, or ather troumatic ev	TION	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last	DUE TO, O		NCE OF		NAL DISEASE OR CONDITIO		
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AL OK ATTENDIN The hospital or AL DIRECTOR Af letached far use a ste Dept. of Health		220.1 certify that (1) (this has sow the deceased alive a above, (1) (worded (did))	pital attended the	otier death		d that in (my) (our) apinion d DEGREE ATTENDING PHYSICIAN	. MEDICAL STAFF	22c. DA	-, that (I) (we lost the causes stated STE SIGNED -4-87)
O HOSPITAL Stained by 1 O FUNERAL hould be det		Siephen	Hello	nar l	11		Rose R1	Poc Ki	ulle Mel
BP	В	URIAL	Company Comment	6, 1987 S			BALTIMORE	BALTIMO	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME 26 HOUR SEVERIN LANGHOFFJR 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER YEAR MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY To BIRTHPLACE MATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED [ILLINOIS 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION SUBLUCISAN BUSINESS CONSULTANT CONTROL MONTGOMERY A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SEVERIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I FYES GIVE WAR OR OATES! 18 CAUSE OF DEATH Enter only one cause per line for a , is and c PART I. DEATH WAS CAUSED BY month Neumon IMMEDIATE CAUSE (0). Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) AT WORK NO! WHILE 220 1 certify that I this hospital attended the deceased from. (our) opinion death occurred on the date and hour and from the causes stated and that in ew the body ofter death. DEGREE 220 DATE SIGNED

TO FUNERA TO PRINCE TO PRI

DHMH - 16 60M 7/B4 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 236 DATE

23¢ NAME OF CEMETERY OR C

23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

22e ADDRESS

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E 15, 1987 CHAMBORS CREMATOR

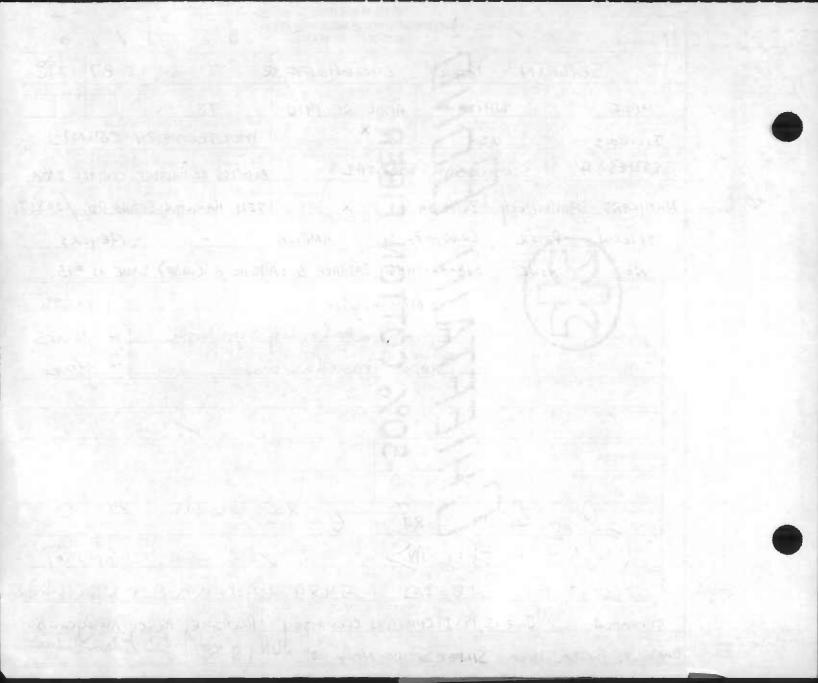
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OR ATTENDING PHYSICIAN. The law requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The etained by the haspital or attending physician.

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	STATE OF MAKTEAND
OR	DEPARTMENT OF HEALTH AND MENTAL
TATE REGISTRAR	CERTIFICATE OF DEATH

HYGIENE

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CREMATION 6-15-1987 CHAMBERS CREMATORY RIVERDALE, P.G.C. MC	WPOKI A	AMES	A BROWN	v. mis		ROCKI	THE MID	208	5 #23	2
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7/	New York	U.S.	A .	DOWED DIVORCED	Montgon	1154 Co. MD
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7	Rockville	Shad	- A	eventst Hosp	Homemaker	Own Home
USI 43a	JAL RESIDENCE IN NURSING HI STATE 136	OME OR OTHER INSTITUTIONS COUNTY	Give residence before admis 13c. CITY OR TOWN Washington	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 2951 Albemarl	DDE e St. NW/20008
277/10	ATHER'S NAME	1000	usir.	15 MOTHER'S MAIDEN NA		Val
11	Louis		Sonn	Sarah		(Unknown)
	WAS DECEASED EVER IN LI	S. ARMED FORCES?	14h SOCIAL SECURITY	NO 17 INFORMANT	ADDRESS	Marin III
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	17s.1 certify that (I) (this saw the deceased of above (I) (set (did))	101-	3/100	and that introving jour comion	death accurred on the date and	how and from the courses stated
	175 SIGNATURE	3 Mil	en A		MEDICAL STAFF	12 DATE SIGNED
/	The strenger ways	WARL	6116	Adums.	I Bethes	la 2081>
731	BURIAL CREMATION, REM	DVAL 235 DATE	33; NAME	OF CEMETERY OR CREMATORY	THE LOCATION	1000

DHMH - 16 60M 7/84 (VRA 15, 4) Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

Burial

6/25/87

ns, Inc.
| Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc. | Inc.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI MARTE LAHER JUNE 1987 JOAN 12:05a 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH VEAR FEMALE WHITE 1929 NOVEMBER 57 YRS 7 BIRTHPLACE TATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUN'New Jersey USA MONTGOMERY COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Medical Tech. Medical BETHESDA NIH, THE CLINICAL CENTER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20904 13917 SHANNON DRIVE. MONTGOMERY SILVER SPRING YES X NO | MARYLAND A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Helias Cecelia Adolph Mark ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES MR. ROBERT D. LAUER (husband) SAME AS 151-22-7485 N/A N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Peritonitis 3 Days IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Advanced Ovarian Carcinoma 2½ Years Canditians, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES 🔀	
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	AN COUNTY	STATE
	Photo South Co.	DT2 10 07	TITALE O	0.7	V

22a | certify that (X(this haspital) attended the deceased from FEBRUARY 19., 19. 87., ta. and that in (ma (aur) apinian death accurred an the date and haur and Iram the causes stated DEGREE 22c. DATE SIGNED

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN W

MICHELE K. EVANS	ROCKVILLE	PIKE,	BETHESDA,	MARYLAND	208
30 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION		

June 11, 1987 Gate of Heaven

24 FUNERAL DIRECTOR Hine'S'/Rinaldi Funeral Home STI'S Spr. Md. DHMH - 16 60M 7/84

Silver Spring Montgomery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES

(VRA 15, 4)

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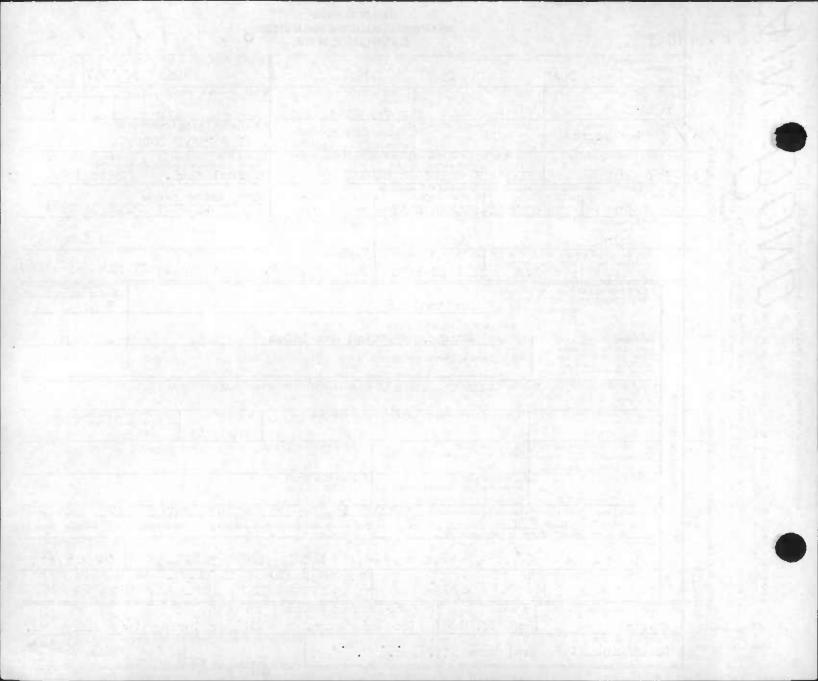
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MEDICAL

Burial

ATTENDING

2007 Julia Davidor



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FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

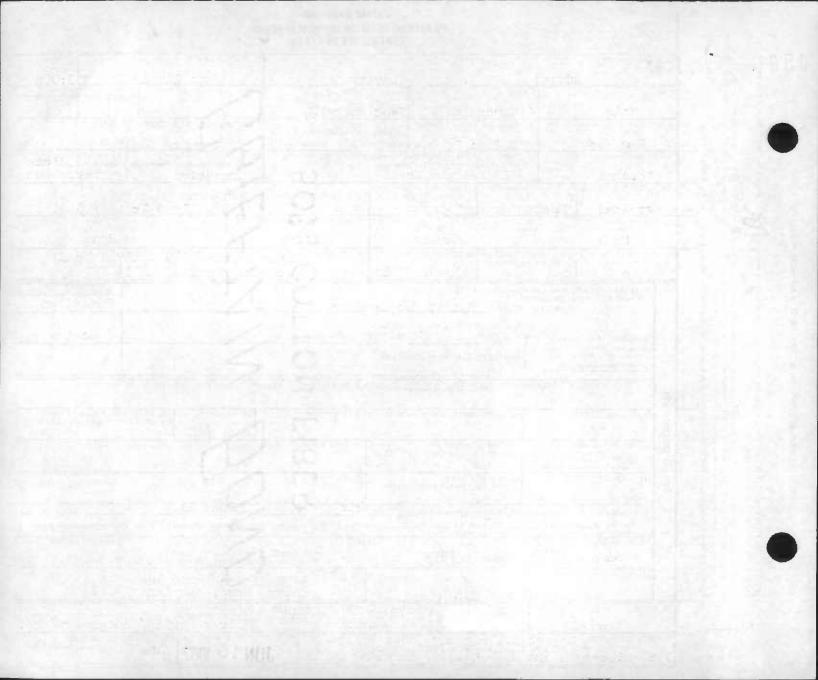
CERTIFICATE OF DEATH

		REGISTRAR					REG. №	10.		
Male Caucasian September 10, 1918 68 yes		26 HOUR								
	4.9		Edward J. Lavery June 11, 1987 3:000 M June							
	3 SEX	X	4. RACE				6 AGE (IN YEARS LAST B	RIHDAY)		
		Male	Cauca	sian			8 68	YRS	MOINING DATS	HOURS MIN.
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-			Unite	d States				ry Con	intv	MD
Ś	10. CT		11. NAME OF	HOSPITAL, NURSING	HOMEO		120 USUAL OCCUPAT	ION		7.10.
-		Potomac							Pet	troleum
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_	16a VA		IS ARMED FORCES?		TYNO		T ABOX	558 m 1	J .	
		YES, NO OR UNKNOWN) (F								
						Pot	omac, Maryla	na zue		
		PART I. DEATH WAS	nter only one couse per CAUSED BY:							
		1MA	AEDIATE CAUSE (a)	Cardio Re	spira	atory Arrest			Imme	diate
			DUE TO, O							
				нер	atoma	4		-	6 mo	ntns
		cause (a), stating	the DUE TO, O	R AS A CONSEQUEN	CE OF					
		thactlying coose in	(c)							
	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR COM	ADITION GIV	EN IN PART 1	0
_	OIT	IA DATE OF OPERATION	I Int COND	TION FOR WHICH O	DEDATION	MAKE DEDECTORED	Tan- ALITORSY2	Table IE VEC	MEDE EINIDIA	ACC LICED
7	FICA	IVa. DATE OF OPERATION	196. COND	ITION FOR WHICH O	PERATION	N WAS PERFORMED	7.7	IN CERTIF	YING CAUSES	OF DEATH?
4	RTI	** ************************************	211 7115 6	E IN HIDY		Tal. How Indiany occi				NO [
3			LIOUD A		YEAR	THE HOW INJURY OCCU	JENTER NATURE OF INJ	JRY IN ITEM TE P	ART OR PART 2)	
Ž.	ICA				19					
	WED		TAT HOME STI	OF INJURY REET, FACTORY, OFFICE, FAR <i>i</i>	M, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
		AT WORK AT WORK			MATTA	06	Turno 11		07	
			Tues		7	, 19	. 10		7	
		obove, (I) (we) (did) (. 0110		on death accurred an the c	lote and hou		
		226. SIGNATURE	A 0	00 A	D	ATTENDING	AAEDICAL STA		22c DATE	SIGNED
		Kenne	ll ye	delle		PHYSICIAN	MEDICAL STA	CIAN	Jun	e 11, 198
		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS 5480	Wisconsin A	venue	#214	
		Kennetl	h Goldsteir	M.D.					20815	
		BURIAL, CREMATION, REM	CHALL BU DATE		ME OF CE	METERY OR CREMATOR	Y 236 LOCATION		4.00.00	
	(Burial	Source S							
	24 FU		bert A. Pu	mphrey Fun	eral	Home/ 250 D	ATE REC'D. BY REGISTRA	256 REGIST	RAR'S SIGNAT	USE TOPE
	755	57 Wisconsin	Avenue Be	thesda, Ma	rylai	nd 20814	JUN 15 1987	Julia	Deviger.	Luca

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

0 5 7 9 1 0 JUN 25

STATE OF MARYLAND)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	7	7	7	3
	- 1	1	1	6.10
REG NO				

		CEASED NAME	FIR		MIUDLE	1	LAS*	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
	TYPE	OR PRINCT	Shir	ley		Leac	h	Ju	ine 24	1,1987	7:4	5ar
	3. SE)	Female		4 RACE Cauca:	sian	June	OF BIRTH 13,4928 YEAR	6 AGE LIN YEARS LAST BE	YRS	IF INDER YEAR	IF NOEF	A 24 H4
7	V	RIHPLACE ATE O Vashingtor	1, D.C	. US		MARRIE		9 BALTIMORE CITY O	mery	Y OF DEATH		
0	Ke	ensington		3500	Sandy Cou	art	OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING I	H _C	of BUSINI	re
3	Ma	ryland	135 COUN		136 CITY OR TOWN	N	YES NO X	3500 Sand	ly Cou	ırt	2089	5
E 7	14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		Ł.A	ST	
30		Samue			Witt		Ruth			Berkowi	tz.	
edica	NO.	VAS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Samuel Leac	h (hushand)		a a c # 1	3	
he m			1_ N/		579 34		Damacz zeac	·· (IIabbaila)	Janie			Divis i
ti.		18 CAUSE OF DEA	TH Enter an	ly one couse per DBY	r line for a . b one	dici				BETWEEN	ONSET AND	DEA
٥ × ٥				E CAUSE (0)	XII	no	Cane	es		on	4/1	- 10
injury, or	NOI	PART 2 OTHER SIC	miricant o	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	0	
2	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FIND! IFYING CAUSE! 'ES []		H?
tem 18 s		21a. ACCIDENT WAS UI OR CONTRIBUTING [CAUSE OF DEA	TH HOUR A	DF INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	RART : OR PART 2)		
orked of	MEDICAL	21d. INJURY OCCU	VHILE	21e PLACE	OF INJURY REET FACTORY, OFFICE FA	ARM ETC ;	211 LOCATION STREET	CITY OF TO	OWN	COUNTY	5	TATE
m 21 is mo			sed aliverone	view the body	19 8			death accorred on the d	-		couses sto	∛ e) l
E E		226 SIGNATURE	13	ay	, ,	un		MEDICAL STA	FF CIAN [6/2	SIGNED -	18
MPORTA		22d. PHYSICIAN'S N	n l	3av			10500 Scu		v,	Kins	chy:	to
	230 B	URIAL CREMATION	REMOVAL	June :	25,1987 ^{23c} 1	AME OF C	EMETERY OR CREMATORY David Memoria Park	1 Falls	hurch	rginia	ak d	01
/B1	24 FL	NERAL DIRECTOR		earson	Funeral H	omes	25a D	N2 6 1987 AR	716 REGIS	BARSSIONW	WRE	

Falls Church, Va. 22046

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introduced and the east count	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

31	REGISTRAR		CERTIFI	ICAIL OI PLAIN	REG. N	VO.		
ì	T DECEASED NAME FIRST	WIDDLE		AST / /	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	Rober	T-E	Le	ormouth	JUNE	1, 19	987	9:30A N
1	3 SEX	4 RACE	5. DATE C		& AGE (IN YEARS LAST BE	RTHOAY)	IF INDER LYEAR	IF UNDER 24 HRS
	MALE	CAUCASIAN	SEPTI	EMBER 18, 1913	73	YRS	MONTH! CATS	HOURS MIN.
1	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	1
à	ILLINOIS	UNITED STATES	WIDOWE	**	MONTGOI	MERV	(COU/)	TJ MO
ही	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	E BUSINESS OR
2	Bethesda	COPPIOGE H	ADDRESS)	BethosdA	Officer	WORKING LIF		er Inst.
	136 STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOWN GAITHERSE	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 20620 PLUM			20879
5	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		145	
3	JOSEPH	LEARMOUTH	I	CORA	MIDDLE	N	ic CLURE	
,	160 WAS DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDR	RESS		
	(YES NOOR UNKNOWN) (IF YES GIVE	216-44-69	915	LAWRENCE R.	SULLIVAN/	same a	s 13 e	
	PART I. DEATH WAS CAUSED	E CAUSE 10)	ser	long Far	line		BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NCE OF	ng of P.	rolat	5	2.	year
		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	EN IN PART 1 o	
7	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN YING CAUSES S	
-		HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	LINI TO STUTAN REINE) CE	URY IN ITEM 18 P	ART I OR PART 2]	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC }	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not		7.01	nd that in (my) (our) opinion of	death occurred on the c	date and hou		that (1) (we) last couses stoted
	226 SIGNATURE ELLS	10. Lib	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	SIGNED
	22d PHYSICIAN'S NAME (FYPE OF	P. Libri	мр	220 ADDRESS 16 F Ken	sen to	meels	1/20	245
	230. BURIAL, CREMATION, REMOVAL	23b DATE 23c N	IAME OF C	EMETERY OR CREMATORY	236 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remaye a with the State Dept of Health and Mental Hygiene priar to burial, cremation.

IMPORTANT: If Item 21 is marked or Item 18 sho

TO FUNERAL DIRECTOR: After this certificate has been

BURIAL JUNE 4, 1987 ROBERT A PUMPHREY FUNERAL HOME/ ROCKVILLE, INC. 300W. MONTGOMERY AVE./ROCKVILLE

PARKLAWN CEMETERY

234 LOCATION ROCKVILLE.

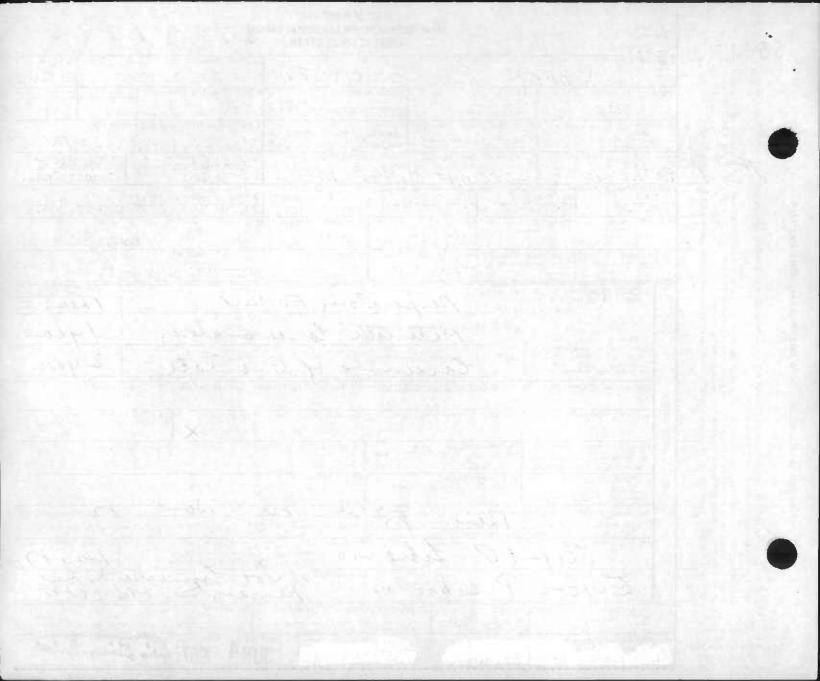
STATE MONTGOMERY.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE

(SPECIFY

injury, ar ather traumatic event, th

FOR STATE



				SIMIL	OF MAKILAND				,
	١,	FOR	DEPART	TMENT OF H	EALTH AND MENTAL HYG	SIENE ,	1 7	11	0
	1.	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	0 /		4	3
10	100					REG. N			
13		CEASED NAME FIRST	MIDDLE	, '	01	20 DATE OF DEATH	MONIH OA	YEAR	26 HOUR
		Joseph		1.0	Blanc In.	6	14	81	500 D.
	3 SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF	UNDERTYEAR	IF INDER 24 HRS
	1 20	^	RACE	MONTH		AGE (INTERNSTRATION	wc	N'm WATS	MOURS MIN.
	M	lale	Caucasian	Doon	mber 14.1925	61	YRS.	10.7	
-		IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 8	14.	9 BALTIMORE CITY C		P DEATH	
2 /		COUNTRY		MARRIEI	NEVER MARRIED				
2/	M	aine	USA	WIDOWE	D DIVORCED	Monto	omeru		MD
37 /	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPAT	ON		F BUSINESS OR
54/	T	alama Dath	(IF NOT IN SUCH FACILITY, GIVE STREE			(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
1		akoma Park	Washington A		st Hospital	Painter		Self	Employed
24	13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	20	910
の理	Ma	ruland Mont		Sprina	YES € NO □	616 Silver	Spring	a Augus	ue. #1
14	_	ATHER'S NAME	gomery isacret.	SIMILITY	15 MOTHER'S MAIDEN NA		Shrani	JAVENI	10 11
E.7	1.17	FIRST	MIDOLE LAST		FIRST	WIDDLE		LAS1	1
DU		Joseph	LeBlanc.	St.	Helen			Andons	ON
0 1	[16a \	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE			
De l		1	VE WAR OR DATES)		00 1 1 00				
E	У	es Iww I	I 007-20-	7580	Gladys LeBla	nc Wife	Same	e as 1	3
£		18 CAUSE OF DEATH Enter or	nly ane cause per line for (a), (b), a	ind (c)				BETWEEN	MATE INTERVAL
9		PART I. DEATH WAS CAUSE	ED BY MeLach	ahe (CANCINAMO DI	Lung			montas
0		IMMEDIA	TE CAUSE (a)	aric (urcirioru o	00119			.,[0,,,,-0]
offa			DUE TO, OR AS A CONSEQU	UENCE OF	r 1			1 .	
5		Canditians, if any, which	C:90	intle	Smoking			20+	years
2		gave rise to immediate)						
the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	UENCE OF					
ā		- Chackying Caste last.	((c)						
, ,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	
5	Z	End St	are Kungo [alue					
> 1	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	HOREBATION	ALLALAS DEDECORATED	20g AUTOPSY?	Tank IEVES I	WERE FINDIN	ICC LICED
9	0	DATE OF OPERATION	148 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	ZUB AUTOPST?		NG CAUSES	
Sand I	1	and the second street of				YES NO	YES		NO 🗍
5	1 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	Y IN ITEM 18 PART	OR PART 2)	
-		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR					
He !	1 5	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
Pe	2	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	, FARM, ETC)	STREET	CITTONIO			5
a		AT WORK AT WORK		143	87	11,00	114	87	
5 7			itali pitended the deceased fram.	87	1901		19	0 /	that (1) we) last
2		saw the deceased alive on	at view the bady after death.	<u>D. 1</u> , an	d that in my (aur) opinion	death occurred an the de	ite and haur a	nd from the o	causes stated
8		22b SIGNATUR	A A The bady after deam.		DEGREE			22c DATE S	SIGNED
=		Oses a D	Bru		MD ATTENDING	MEDICAL STAI	F	1 1	
=		jacyment	(0)		PHYSICIAN	DIRECTOR PHYSIC	IAN [6-17	1-87
A /		THE PHYSICIAN'S NAME (119)	(MPROVE)		22e ADDRESS				
MPOR		RAYMOND	BASS		3941 Fell	ara WI	reaton	HI	70901
N P	_	141111010					1 coulon	VICA	20108
	23a I	BURIAL, CREMATION, REMOVAL	. 23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COLLETT	67.75
		Burial	Jun. 18, 1987 00	iantin	Mational	Quantico		11:1	Hainia
					1 MALLOYIUL	E REC D. BY REGISTRAR	25h REGISTRA	D'S SIGNIATI	WALLE -
7/B4	1.	NAME Franc	is J. Collinsupess.	Jr.	11.1	MAO	2 6 .	Fred B 4	D. Jack
	1 5	00 University B	Blud. W. Silver	Spring	a. Md. JU	N 1 8 1987	Alia L	Jandon.	Variance
		The state of the s				1224			

CTATE OF MADVIAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burnal-transit permit. Then please remove carban-papers. Page with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.

		AL DIE			
	15	2201 M Mds	ension them	uno.	
100	Mass Commo		A2.0		
	Produces	tt Baspitat	asisington Advanta	Posts - Day	product
	STE SECOND S	X	ng Bitver Spring	e routinob .	hand world
Amdenkon		Jetes	Lehlann, St.		Jose
2 t as 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 1634 St	Aladis Leila	157-00-50	YI AN	85V

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

		FOR STATE REGISTRAR	DEPA LEI		EALTH AND MENTAL HYGICATE OF DEATH		1	1 1	-
31.23	5	REGISTRAR FING	WIDDLE	1	ASI	REG. NO.	ON'H DA	r YEAR	2b HOUR
		ORPRINT) FENG			EI		NE (7 87	232
	3 SEX		4 RACE	5 DATE C		6 AGE IN YEARS LAST BIRTHD		TOER YEAR	IF PUTERTURE
	1	Female	Oriental	Sent	ember 27,1914	72	YRS.	INTHS BAIL	HOUR MIN.
3	_	RTHPLACE ILLATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OR		FDEATH	
ot onc		nton, China	China	WIDOWE		Montgomery			MD
Operation	T	ry or town of death Wheaton	NAME OF HOSPITAL, NUR 2701-Byron St.	reet address)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMAKET		126 KIND OF	F BUSINESS OR
5	130 5	7 7 1	gomery Wheat	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 2701-Byron		t 20	902
akomine O Te	I4 FA		mpour L	ei	Unknown	MIDDLE	V	LAST	
medical	16a V	VAS DECEASED EVER IN U.S. AR ES NO OF UNKNOWN) JIF YES GIV	E WAR OR DATES)		17 INFORMANT Evaristo Won(S	Silver Spr. Son) 1400-Ris	ing,M	arylan	d 20904 urt,
event, the		18 CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE IMMEDIA		BETWEEN C	MATE INTERVAL ONSET AND DEATH				
rotmotic		Conditions, if any, which gove rise to immediate (b) Chronic Obstructive Lung disease							
r other t		cause a) stating the underlying cause last	DUE TO, OR AS A CONSE	- 1.	failure				
ullory.	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN	N IN PART 1 o	
X	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED			WERE FINDIN NG CAUSES (
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR AM., MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	NITEM 18 PART	T OR PART 2)	
rkeder	MEDICAL	21d INJURY OCCURRED.	21e PLACE OF INJURY	ICE FARM ETC 1	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
O⊞ SI I≯		22a certify that (I) (this haspi saw the deceased alive on obove, (I) (we (did) (did no	6 10	00 1	d that in (my) (our) opinion d	eath occurred on the date	and hour o		that II (we) last causes stated
= He		22b. SIGNATURE	fellante			MEDICAL STAFF DIRECTOR PHYSICIAN	v 🗌	22c DATE S	SIGNED
MPORTAN		MARK (TYPE O	K LI, MD		1721 Unive	ursity Blud	WW	heaton	19209
11	()	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EMETERY OR CREMATORY Wash.Cemetery	23d LOCATION CHYOR TOWN Adelphi, Pri	nce G	county	CQ.,MD

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

June 21,198/ George Wash. Cemetery Adelphi, Prince George Co., MD 250 DATE REC D BY REGISTRAR 256 RE

24 FUNERAL DIRECTOR J.Wm. Tee's Sons Co.300-4th St., NE, Wash., DC20002

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

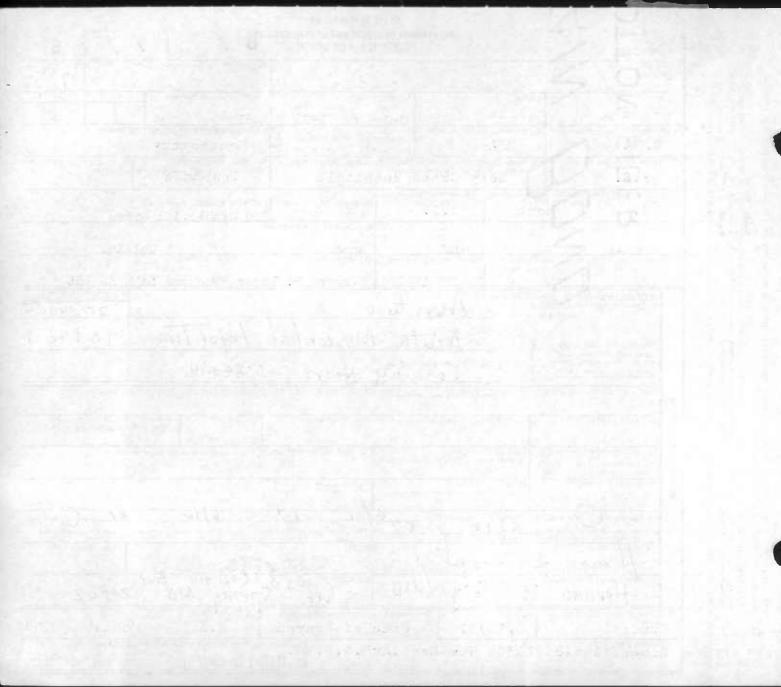
1	STATE REGISTRAR	DET ARTI	CERTIFICATE OF DEATH	REG. NO.	17/18
1 DE	CEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
/ TYP	e OR PRINTIMARY	anne	Leese		6 12 87 73/pm
3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER FEAR IF UNDER 23 PS
	Female U	White	July 8 1925	61	YRS
70 B	IRTHPLACE (STATE OF FOREIGN	75 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR	
	W.Va.	USA	MARRIED KNEVER MARRIED WIDOWED DIVORCED	Montgom	ery
100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATIO	
	S.S.	(IE NOT IN SUCH EACILITY GIVE STREET		Housewil	
nel)	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Lis STREET ADDRESS /	TINGON TAGAIL
130.	Md. 135 COL	Mont Is city or low	N 13d INSIDE CITY LIMITS?	210 Kimblew	
PA F.	ATHER'S NAME		15 MOTHER'S MAIDEN NA		ICK DITVE
7	FIRST	MIDDLE	FIRST	MIDDLE	LAST
_	Matthew	E Minnich	Anne		Collins
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRES	5
,	N/		394 Bernard M.	Leese *Husbar	nd SAME AS 13E
	18 CAUSE OF DEATH (Enter of	only one cause per line for a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY	tole		20 munte
	IMMEDIA	ATE CAUSE (o)	, 00,10	1 1 -1	207-
		DUE TO, OR AS A CONSEQUE	ENCE OF MANAGEMENT	1 /4/2/2/2	12 /2/11
	Conditions, if ony, which	(b) Acu	16 Myscaraia	1 1 Tarcia	12 - 0000
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	2000	
	underlying cause lost		may Heart	Draga	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDI	ITION GIVEN IN PART 1:0
Z		<u> </u>	50,1101 11211120 10 1112 1217	The blocked on contain	
CERTIFICATION	190 DATE OF OPERATION	LIAN CONDITION SOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
IC/	198 DATE OF OPERATION	178 CONDITION FOR WITHER	OFERATION WAS FERI ORMED		IN CERTIFYING CAUSES OF DEATH?
RTIE				YES NO	YES NO
S	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DI	EAIR	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		N COUNTY STATE
W	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE F	ARM, ETC STREET	CITY OR TOW	N COONITY STATE
	AT WORK AT WORK		6/12 67	6/12	287
	sow the scensed alive o	pital) attended the deceased from_	87	, 10 <u>2 12 </u>	, 194 , that (I) (we) lost
	I) (we) (did) (did n	not view the body ofter death	, and that if (my (aur) apinion	death occurred on the date	e and hour and from the causes stated
H.	22h SIGNATURE	0 0	DEGREE		221 DATE SIGNED
	Heman	D & Sect 1	ATTENDING PHYSICIAN	MEDICAL STAFF	
	22d. PHYSIGIAN'S NAME (TYPE	OR PRINT)	110 22e ADDRESS 1631	2 Georgia	The
	Honuali	B Segg/1	NVIII C	Spring M	d 20907
-	1 1 Ch product		Silver	3/1/10/11	, , , ,
23a.		The state of the s		1001 1000 17001	
~	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	MOUNTY STATE T
	Burial	6/16/87	Gate of Heaven	S.S.	Mont. STATEMd

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO LUNERAL DIRECTOR After this certificate has been signed by the ottending physican and the little factored for use as the buriol-transit permit. Then please remove corporated permit the fittle Dept. of Health and Mental Hygiene prior to buriol, cremation, or impossibilities for the MONTANT. If them 21 is marked or item 18 shows any injury, or other traumatic.

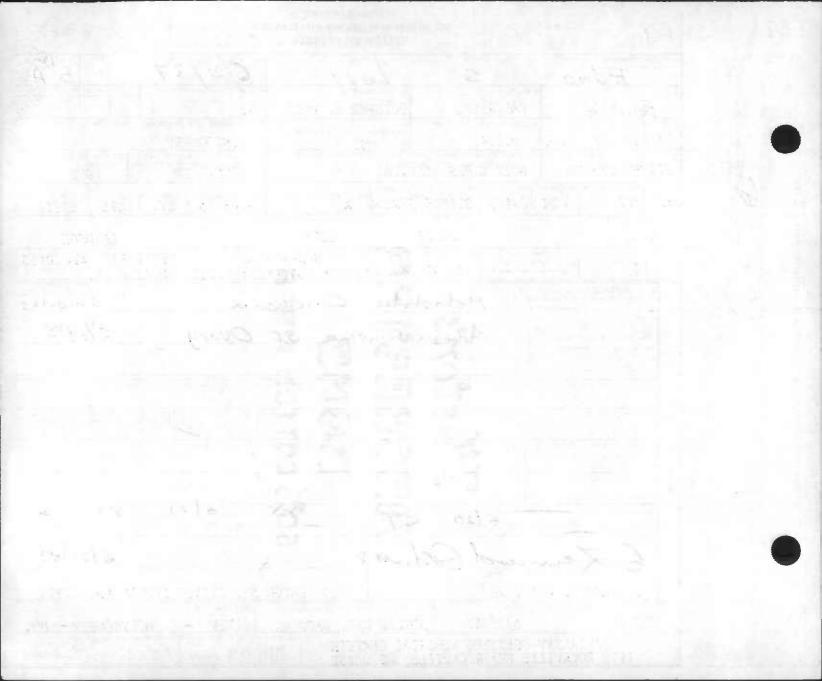
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the haspital or attending physician.



		5	TA	TE	OF	M	ARYL	AND	
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057486 Jun	21,-	FOR STATE REGISTRAR				ARTMENT OF	EALTH AND MENT		REG. N	1 7	11	4
€ E		CEASED NAME	FIRST	,	MIDDLE	1	All	2	DATE OF DEATH	97	AT THE	E P
noy be page 3	3 SE	Eano		RACE	S	5 DATE O	e V V	-	AGE INTRACTACTES	Ithipati.	FUNDER LYEAR	D' HM
to the phase of th	3 31	Female		CAUCAS	STAN	OCTO	DAY Y	28	78	YRS.	OHES (805)	HOURS MAL
8 10 /8/	1	RIHPLACE TATE OR FORE		CITIZEN OF	WHAT COUN	JTRY? 8	D NEVER MARRI	19	BALTIMORE CITY	OR COUNTY	OF DEATH	
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AND 212	BIN'S	AL RESIDENCE (IF NURSING	MONT C	SOMERY	SILVE	BEFORE ADMISSION) LTOWN R SPRIN	AREA O NO I		8 STREET ADDRESS 8201 16th	ZIP CODE ST. #	1220 /	20910
MARYLA MARYLA	14 F/	ELI FIRST	MID	DIE	SCH	ER	15 MOTHER'S MAIL	4	MIDDLE		LEINS	ON
BALTIMORE, MARYLAND 2 cot be executed within 24 hr standard completery filler and figure 1 and 2 inquid by voi; nt. He medical examine grid.	160 \	VAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARME	D FORCES? AR OR DATES!		SECURITY NO. 11-4693	17. INFORMASON MARVIN PO	I-IN-L DYOURO	AW ADDR W: 13303	ROCKV VANDAL	IA DR.	D. 20853
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he low reprint he permit.	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH? NO
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O HOSPIT fained by		G. LENNAR					8630 FE	NTON	ST. SILVE	R SPRI	VG Md.	20910
7 5 - 3 5 5	230	BURIAL, CREMATION, RE	MOVAL	23b DATE			EMETERY OR CREMA		23d LOCATION CITY OF TOWN		COUNTY	STATE
BP	24 5	BURIAL		6/22/		JUDEAN			OLNEY -		VTGOMER	
DHMH - 16 60M 7/B4 (VRA 15, 4)	27 7	UNERAL DIRECTANZA 1170 ROC	NSKY- KVILL	GOLDBE E PK;	RG MEM ROCKVI	ORIAL CH	APELS 20852	JUN	23 1007	1 1	Divider:	



	1			STATE OF MARYLAND		
58899 JUL	919	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO	1/30
ay be ogge 3 death		CEASED NAME FIRST	A MIDDLE	LICHTMANN	20 DATE OF DEATH MONTH	29 87 9:6 PM
ge 4 may	3 SE	Female	W hite	5 DATE OF BIRTH MONTH DAY YEAR 1899	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IN UNDER YEAR IN INDER JAHR
neral dir	70 BI	TUNG ARY	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	MD MD
by the to		CKUILLE	11 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE HEBROW HOME	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR INDUSTRY HOME
Sand be		AL RESIDENCE (IF NURSING HOME O TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TOV TOMERY ROCKVILL	RE ADMISSION 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	
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he low req an. hos been streems The ene prior to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	S YN O ROME H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN: The rate and physician there this certificate has as the burial-transit fand mental Hygier and mental Hyg	MEDICAL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NAT RE OF INJURY IN ITEM	8 PARTI OR PART 2)
orked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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SPITAL OR A SPITAL OR A SPITAL OR A SPITAL OR A SPITAL DIRECTOR OF A SPITAL DEPT. If Herm		22d, PHYSICIAN'S NAME (TYPE	UNALLY OR PRINT)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/30/87
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTAN	23n F	AZAN S - CH BURIAL, CREMATION, REMOVAL	ANALES 236.	15W5 SHAD	123d LOCATION	ROCKUILLE MD
BP		Burial	7/2/87 N	it. Lebanon Cemeter	/ (The Dis Title)	
DHMH - 16 60M 7/84 (VRA 15, 4)		1.4 MAKE	NSKY-GOLDBERG ME ike; Rockville,	1 (11)		Deviden Rudell

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Unerol director page 3 hin 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	n i	STATE REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. NO	: /	, ,	
		CEASED NAME FIRST OR PRINT! HOWARI) M.	1.	IDD	ICOAT	20 D	-22-87	MONTH	DAY YEAR	S JA M
	3 SEX		4 RACE WWW	wie	5 DATE C		2/ 6 AG	6 3	HDAY) YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	76 CITIZEN OF WH	SA	MARRIEI WIDOWE	DIVORCED	9 BA	MORE CITY O	- / -	OFDEATH	RY MD
	10 CI	POCKVILLE	SHADY GA	CHITY, GIVE STREET AL	ENTI	ST HOSP.	(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF NGINEER		126 KIND O INDUSTRY BECH	F BUSINESS OR
	13a S	STATE (136 COUI	NTY 130	CITY OR TOWN		134 INSIDE CITY IMITS		REET ADDRESS	ZIP CODE	DLAN	20855 PRD
)	1	THE RESIDENCE OF THE PARTY OF T	PERCILL	LIDDIC		DAISY		GWENDOLI		STONE	
	16a W		RMED FORCES?	578-20	11Y NO	17 INFORMANT DEBORAH	A. B	ISHOP	300	DENA, M	d. 21122
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line ED BY TE CAUSE (o)	SEPT	70	SHOCK				BETWEEN C	ONSELAND DEATH
		Conditions, if ony, which	DUE TO, OR A	SA CONSEQUEN	ENE	F. Lowe	n g	Hrenny	Ge.	1-2	work
		gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR A	SOCONSEQUE	ICE OF	l'oscul	2-0	Was	-		
	NOI	PART OTHER SIGNIFICANT	Canan	TRIBUTING TO DE	EATH BUT	not related to the te	FRMINAL D	tioni,	146	total	fust.
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIC	ON FOR WHICH C	PERATIO	N WAS PERFORMED	20a			S, WERE FINDIN FYING CAUSES S	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	NJURY MONTH DAY	Y YEAR	21c HOW INJURY OCC	CURRED (6	NTER NATURE OF INJUR	IY IN ITEM 18 T	PART OR PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY OFFICE FAS	RM ETC)	211 LOCATION STREET	* ^	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did no	(0/2	2 19 5	5 /] - 1 , on	d that in (my) (our) opini	, to	occurred on the do	ite and hou		that (I) (we) lost couses stated
		226. SIGNATURE	(0)(Od)	Kuy		DEGREE ATTENDING PHYSICIAN	G DIRE	DICAL STAF		G/	SIGNED 2/8
		224 PHYSICIANS NAME LIVE OF CHER	1	OSCA	104.1	220 ADDRESS 175	29/	REDCA	NIV O	2083	27-
		BURIAL, CREMATION, REMOVAL	236 DATE	230	AME OF C	EMETERY OR CREMATOR	RY 23e	LOCATION CITY OF TOWN		COUNTY	STATE
		CREMATION	6-24-198	37 CH	LAMBE	Tar .		RIVERDA		P.G.C.	Md.
	24 FL	JNERAL DIRECTOR				250.1	DATE REC'I	D. BY REGISTRAR	756 REGIST	IRAR'S SIGNAT	URE

20910 SILVER SPRING, Md.

JUN 29

ulia Devideon Randas

DHMH - 16 60M 7/84

W. W. CHAMBERS CO. INC.

should be detoched for use as the burlok-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burlol, cremation, ar removal

IMPORTANT If Hem 21 is marked or Hem 18 show

FOR

(VRA 15, 4)

BP.

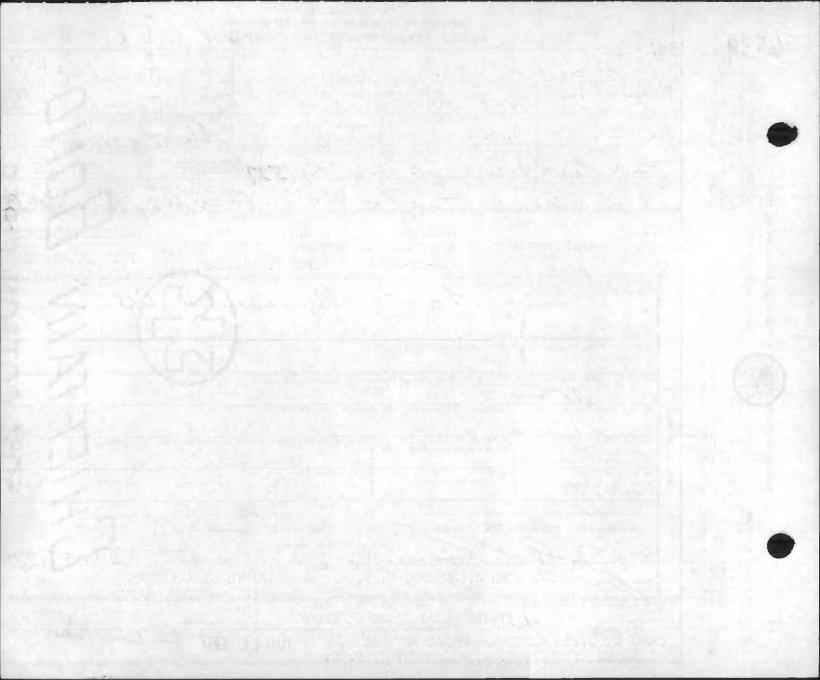
TO FUNERAL DIRECTOR etoined by the hospital

Appropriate to the propriet AND THE PARTY OF T C. LOW CONTRACTOR T. T. CHARLES CO. MIC. STEEL CHARLOLL.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME OF ESTI-E. DEATH MATED IF UNDER 1 YR IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED YOU DEAD LOUNTRY 9 BALTIMORE CITY OR MARRIED NEVER MARRIED NEW U. S. A. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION IT WORK OWN HOME 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13n STATE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALID DEE MIDDLE VICTOR HANNAH 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? PINEY BRANCH ROAD 235-28-2004 ITEM 18. GIVE LONG WITH P PERMIT. PAGI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DE AL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. BE USED AS A BURI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF YES [DED TO THE CHE 3 SHOULD BE U 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW.

TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STY
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural couses death resulted from Accident-Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DR. JOHN S. ROGERS, M. 1919 SEMINARY ROAD EXAMINET SHAME TYPE OF FROM 230 BURTAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY BURTAL CHARLESTON BNAI JACOB CEMETERY 6/9/1987 07/84 BP 25M STEIN HEBREW MEMORIAL FUNERAL HOME **DHMH - 17** (VR A15 ME (5)) CARROLL STREET, N. W. WASHINGTON, D. C.

STATE OF MARYLAND



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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Ę	DAY	YEAR	2b HO	UR

ul 2	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	17/85
		CEASED NAME FIRST	WIDDIE	EAST	20 DATE OF DEATH	
	(TYPE	MAZIE	=	LOEFFLER	JUNE	E 10, 1987 5:39/pm
	3 SE.		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THE RESERVE OF THE PARTY OF THE
		FEMALE	WHITE	MONTH - 194- 1901	85	YRS. MONTHS DATS HOURS MIN.
25	7a Bi	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOM	R COUNTY OF DEATH AERY COUNTY MD
Per /	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATE	ON 126. KIND OF BUSINESS OR FWORKING LIFE) HOUSTRY
~	_	AL RESIDENCE (IF NURSING HOME OR	3703 SECOND	AVENUE E AOMISSIONI	HOUSEWA	F. TUMESTIC
15		ARYLAND MON		PRING YES NO [130 STREET ADDRESS /	
50	14 FA	JOHN 5	Oberho,	15 MOTHER'S MAIDEN NA.	ME MIDDLE	MillER
medico		WAS DECEASED EVER IN U.S. AR. YES, NOOP (UR YES, GIVI	MED FORCES? 166 SOCIAL SECUE WAR OR DATES! 519 445	363 Teal L. M	ac Cutcheo	W SAME 18 #13
any injury, ar other traumatic event,	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	Dancreas) ENCE OF	VINAL DISEASE OR CONE	206 IF YES, WERE FINDINGS USED
3-1	IFIC				YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURI		IV IN ITEM IB PART OR PART 2)
orkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
em 21 is m		22a I certify that (I) (this haspit saw the deceased alive on the control (did not the control of the control o	tal) attended the deceased fram	7 and that in (my) apinian	death accurred an the do	19 that (I) () last are and haur and from the couses stated
Z - /		Den	gotick,	MAG ATTENDING PHYSICIAN	MEDICAL STAF	F
MPORTANT		224 HYSICIAN'S NAME (TYPE OF		22e ADDRESS		
MPO /		GEORGE SET		. 3929 FERR	ARA DRIVE	WHEATON MARYLAND
_		BURIAL, CREMATION, REMOVAL (SPECIFY BUYING!	236 DATE 236 N	Ar l'aglow National	23d LOCATION	ON, Acquary MA
7/84	74 FI	UNERAL DIRECTOR	O - OPRENS	250	NEC D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

MASIE LOS FELER

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

330

	1.	FOR STATE		DEPARTI		ICATE OF DEATH	IENES /	1	1 1	0 -
	1.05	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. N	-	AY YEAR	In House
30		CEASED NAME FIRST				A31			AT TEAK	26 HOUR
dea		Gladys		١.]	Longo		June 22,			4:30P M
- +e - D	3 SE		4 RACE		S. DATE (THDAY)	FUNDER YEAR	HOURS MIN.
9 5		Female		asian	Apri	1 25, 1925	62	YRS.		
32 電人	Jer B	RTHPLACE ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY			
	_	aryland	United				Montgome	ery Co		MD
Part of the state		ockville		HOSPITAL, NURSING FACILITY, GIVE STREET LINCOLN	ADDRESS)	T COTHER INSTITUTION	Homemake	OF WORKING LIFE	INDUSTRY	Home
filled in must be	13a. S	al residence of hursing home or STATE 136 COUNTY aryland Hont		Rockvi		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 503 Linco	ZIP CODE	reet/	20850
2 sh		ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			
ald and	R	oy A	middle	Oden		Alice	WIDDLE	I	owe las	
6 c c c c c c c c c c c c c c c c c c c		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDR	ESS		T-T-1
Pog	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR ON DATES)	212-20-	-4398	Luis F. Lo	ngoria, J	Ir., s	ame a	ıs #13
pers.		18 CAUSE OF DEATH (Enter on	ly ane couse per						APPROXI BETWEEN O	MATE INTERVAL
phy npa mov		PART I. DEATH WAS CAUSE	E CAUSE (a)	Metastat	tic N	Malignant Ph	eochromoc	ytoma	2 mo	nths
ding arbo arre				R AS A CONSEQUI						
ove c non, aum		Conditions, if any, which	((b)_							
remo emai		gove rise to immediate cause a, stating the	DUE TO O	R AS A CONSEOU	ENCE OF					
by lose l'cr		underlying couse lost.	(()							
Then ple r to buri	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	3
pas been prior pri	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINING CAUSES	
Hygi Hygi	CER	210, ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY ,	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	21 OR PART 21	
on tol		OR CONTRIBUTING CAUSE OF DEA	in .		AT TEAK					
the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
TOR. Aft		22a I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	June .	21 19	Apri 87	1 1, 19 87 and that in (my) (our) apinion of		ote and hour	9 87 and from the	that (I) (we) last
REC ept ept tem		22b SIGNATURE	view me oddy	arrer death.		DEGREE			22c. DATE	SIGNED
At Detaclife Det		muston	CARIA	A m	0	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	June	23,1987
AN Sto de d		224 PHYSICIAN'S NAME (TYPE)	(min)			22e ADDRESS			20	0850
shauld be deta with the State I		Christopher (615 W. Montg		ue, Roo	ckville	e, Md
F 8 > 5	230	BURIAL, CREMATION, REMOVAL	0			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	26,		ate c	of Heaven	Silver	Sprin		ryland
- 16 60M 7/84	24 F	uneral director Rober ock wille, Inc					REC'D. BY REGISTRAR	256 REGISTRA	AR S SIGNAT	URE
(RA 15, 4)	30	O West Montg	omery	Ave.Roc	kvill	e, MD JU	1 0 1 1987		wy w	1242424

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

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		DEC 110				

1-	FOR STATE	DEP		HEALTH AND MENTAL HYG	GIENE 8 /	1185
97	REGISTRAR				REG. NO.	
	CEASED NAME FIRST	WIDDLE	1	LAST	20 DATE OF DEATH MONTH	26 HOUR
	Jose		Lo	ppez	0/	MI S PM
3 SE	X	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHEAY)	FIRESPITERS FORCES 21165
	Male	Caucasian	Oct.	0 3000	40 40	Manual 1973 1000 1000
7a BI	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	pain	Cuba	WIDOW		Montgomery	
10 C	Silver Spring	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	Store
130 5	STATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR GOMERY Bethe	TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP CO 4521 East W	20274
14 FA	ATHER'S NAME FIRST Manuel	MIDDLE LAS		15. MOTHER'S MAIDENNA FIRST Manuela	WE	Quintela
160 V	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS	
		E WAR OR DATES)		Manuel Lope		lot Street
N.O.	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (c)	0		fulumation of	GIVEN IN PART ILO
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W 5+ Dugue	HICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a L certify that (1) (this haspi	tal) attended the deceased for	04/	nd that in (my) () ur)	lo legith occurred an the date and h	19 , that (I) (we) last nour and from the causes stated
	22b. SIGNATUTE	e Then	ins	REGREE TIENTING	MEDICAL STAFF	06/14/87
	Hago C	Mins, mi		800 Pershin	of Drive Jel	1. Spring ma
	BURIAL, CRIMATO LIEM IVAL	20. 1987	Gate o	EMETERY OR CREMATORY f Heaven Cet		ring, Maryland
Be 7	uneral director obert ethesda-Chevy 57 Wisconsin	A.Pumphrey Chase, Inc Ave.Bethes	Funera da. MD	al Home/250 DAT 20814	E REC D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	-	7	1	-	-
/	- 1	J.	1	0	0
REG. NO.					

	V	FOR STATE REGISTRAR			DEPARTA		ICATE OF E		SIENE	REG.	NO.	1	1	O	0
		CEASED NAME OR PRINT!	Hilda		nackelford	Ł	Lytton		20 DAT	June	25, 1	987	YEAR	7:1	T)
	1. SEX	Female		White		S. DATE C		YEAR	6 AGE 72	(IN YEARS LAST	BIRTHDAY]	MONT	HS CATS	R IF UNDE	MIN.
7	W	ashington,	D.C.	U.S.		WIDOWE		ORCED	9 BALT	Mont Mont	or cour gome		DEATH		MD
)	Ro	ckville		917 Cı	HOSPITAL, NURSIN HFACILITY GIVE STREET / Cawford D1	rive	OR OTHER INS	ITUTION		JAL OCCUPA WORK FOR MOS Reti:	TOF WORKIN		NDUSTRY	OF BUSIN	ESS OR
1	130 S M	aryland	13P CON		Rockville	N	13d. INSIDE C	NO 🗌	917	et addres Craw	s / zip co	ode)riv€	208	851	
1	14 FA	THER'S NAME Phillip		MIDDLE	Shackelfor	d		maiden Name	ME	MIDDLE	D	onah	ioe "	AST	
-		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	579-14-4		Balfou	rO. Ly	tton		ind) s	ame	as 1	3e	
		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which nediate g the last	(b)	R AS A CONSEQUE	NCE OF	LO CO		INAL DIS	EASE OR CC	NOITION	GIVEN I	N PART 1	a	
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 A	UTOPSY?	. IN CEI	YES, WE RTIFYING YES	RE FIND	INGS USE S OF DEA NO [TH?
	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 210 IN JURY OCCURR	AUSE OF DEA	III	M. MONTH DA M.	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTE	ER NATURE OF IN	JURY IN ITEM	IB PART I	OR PART 2)		
	ME	HILE NOT WHI	ILE 🗍	(AT HOME STR	EET FACTORY OFFICE FA	ARM ETC)	STREET			CITY OR	TOWN		COUNTY		STATE
		220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive on	_ 5	19		nd that in (my)	, 19 6 (aur) apinian a	ta death acc	urred on the	date and	19_c			-
		22b. SIGNATURE	L	Lieu	ey		1010		MEDIC	AL ST	AFF SICIAN []		C DATE	SIGNED	>
		27d. PHYSICIAN'S), C	Bu	ch		80 9		es l	neill	Ra		Roc	Nu	(E.
		SPECIFY) Burial	REMOVAL	6/29/8	7 23c. N	Parkl:	awn Me	morial	Park Park	OCATION CITY OR TOWN	oc kvi	lle,	Mar	yland	TATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

1331 Rockville Pike, Rockville, Maryland 20852

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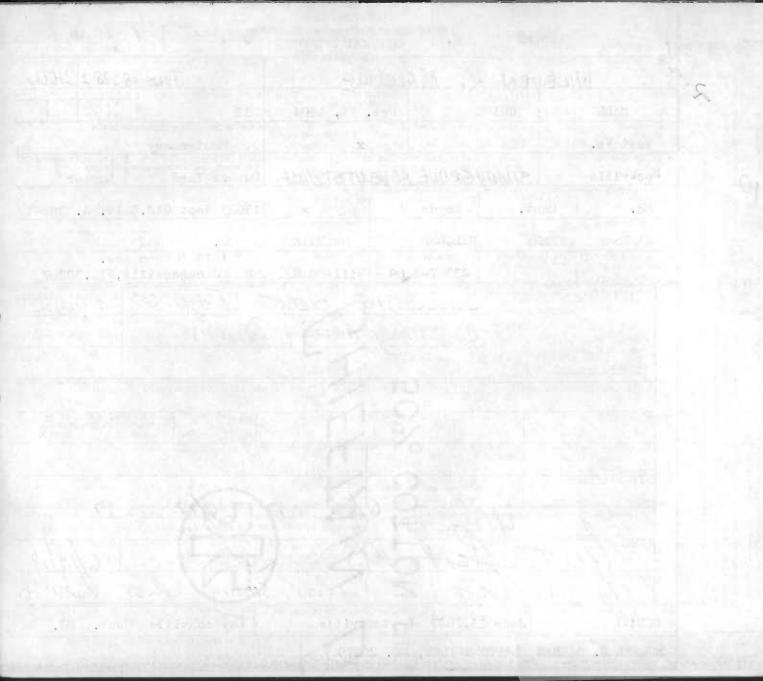
BP_____ DHMH - 16 50M 4/82

(VRA 15, 4)

3 15 JUL 2

2	FOR STATE REGISTRAR	WILB	URN	K. DEPARTA	CERTIF	FICATE OF DEATH	GIENE / REG. NO	1 7	1 8	1	
-	I DECEASED NAME	FIRST		WIDDLE		MALCOMB		MONTH DAY	Y YEAR	26 HOUR	
/	(TYPE OR PRINT)	MIL RI	IPAL .	V. ME	1100	MR		TUNE 18	P 1987	2100	PM
	3 SEX	MED	4 RACE	7 1:11		OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	_
- 0.1	MALE	1201	WHITE	3	Oct		82	YRS.	onths Days	HOURS	MIN.
	70. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
)	West Va.		USA		WIDOWE		Montgo	nery			MD.
)	Rockville		11. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET	G HOME (ENTIST HOSP.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND OF INDUSTRY Lumbe		OR
	USUAL RESIDENCE (IF N 130. STATE Md.	136 COUN	OTHER INSTITUTION	Boyds		138 INSIDE CITY LIMITS? YES NEED NEED TO	13e STREET ADDRESS 13625 West	Old.Ba	alt.Rd.	2084	11
)	JAMES	KEN	MIDDLE	MALCOMB		GEORGIA	A . MIDDLE	GAY	(AST		
1	160 WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1419DE	andon A	Ave.		
1	NO.	(# 1E5, G1V	E WAR OR DATES)	23307-22	209	William Malc	omb Jacks	onville	Fla.3	32207	
		iny, which immediate ofing the use lost	DUE TO, O		NCE OF	ARTERY NOT RELATED TO THE TERM		DITION GIVEN			}
2	NO DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [WERE FINDIN NG CAUSES (GS USED OF DEATH?	
2	OR CONTRIBUTING LIFE ETHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK 72a.1 certify that saw the deed	CAUSE OF DEA	HOUR A. P. 21e. PLACE (AT HOME, STR	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE FA	19 ARM, ETC)	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	death accurred an the do	, 19, ite and have a	COUNTY	BNED/) last
_	230. BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION	soco W	100	AU :	2
	BURIAL		June 2	3,1987 I	Layton	nsville	Laytonsvi	.lle M	lont.	Md. STATE	3
	24 FUNERAL DIRECTOR MURTEL H.		LAYTO	NSVIERE;	MD. 2	20879 25a DA	TE REC'D. BY REGISTRAR	15b. REGISTRA	R'S SIGNATU	IRE	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

CERTIFICATE OF DEATH	REG. NO.	1	, ,	4.
LAST	28 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
Manticas	June	23,	1987	11:00P
The second second	1 ACT			

(TYPE OR PRINT) Anna	MILLALE	Mant	icas	Ju		, 1987	11:00P
Female	4 RACE	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HR! HOURS MIN.
70 BIRTHPLACE (STATE ORFOREIGN COUNTRY) Greece	76 CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Montgome Montgome	_	OF DEATH	M
Rethesda	11. NAME OF HOSPITAL, N {# NOT IN SUCH FACILITY, GIVE Suburban	Hospita		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE)		Home
	TY 13c. CITY OF		13d INSIDE CITY LIMITS?	13e STREET ADDRESS .	ZIP CODE Park A	venue/	20815
	AIDDLE LAVA		15. MOTHER'S MAIDEN N	Unknown		LAST	ī
160 WAS DECEASED EVER IN U.S. AR/	WAR OR DATEST	42-6810	Nicholas M	anticas, Sam		ess as	#13.
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSE)		lia c	Arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) Chro	nic Ol	Branchit	is Dise	950		
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART To	2
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196, CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
27a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT OR PART 2)	

214 INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

NOT WHILE

22e I certify that (I) (this haspital) attended the deceased

STATE

21e. PLACE OF INJURY

211 LOCATION

CITY OR TOWN

COUNTY

STATE

saw the deceased olive on

226 SIGNATURE

(SPECIFY)

22e ADDRESS

ATTENDING . MEDICAL STAFF
DIRECTOR PHYSICIAN

ITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

June 24, 1987

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL CREMATION, REMOVAL 23b DATE

George T. Economos

23c. NAME OF CEMETERY OR CREMATORY

2141 K Street, N.W., Washington, D.C. 23d LOCATION

BP. 5130 Wisconsin Ave, NW, Washington, D.C.

Burial 6/26/87 Gateof
14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. Gateof Heaven Cem.

Silver Spring, MD 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

June 23, 1987 11:00		o tunit		
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MEDICAL CERTIFICATION

23a

24

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notified

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medica

FOR			DEPA		TE OF MARYLA		ENE 7		7 1	8	j
- STATE REGISTRAR				CERTI	FICATE OF D	EATH	, ,	REG. NO.			
ECEASED NA	FIRST	ge '	G-	1	Tance	el	20 DATE OF	23/	87	YEAR	26 HOUR, 7 40 7 4 M
X		4 RACE			OF BIRTH	1	6. AGE IN	EARS LAST BIRTHO	AY) IF I		IF INDER 24 HRS
FEM	ALE		AUCAS	IAN 8	1 / 22/	YEAR 18	6	8	YRS	AND DAYS	HOURS MIN.
COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRI	ED NEVER A	AARRIED 🗆		RE CITY OR C		DEATH	
CANADA	YII	U.S.		WIDOW		VORCED		TGOMER OCCUPATION		12L KIND OF	MD.
AKOMA PARK	ATH	I IF NOT IN SUC	H FACILITY, GIVE ST	TREET ADDRESS)	ST HOSP		(TYPE OF WOR	K FOR MOST OF WO	ORKING LIFE)	INDUSTRY REPUBL	ICAN NAT
JAL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)		12 CIDEET	ADDRESS / ZI			
Md.		GOMERY	TAKOM	A PARK	13d INSIDE C	NO [00.8	GARLAN		, #202	20912
ATHER'S NAME		AIDOLE	LAST			MAIDEN NAM	ΛE.	MIDDLE		LAST	
	UNKNO						UNI	CNOWN			-5-1-1-1
WAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMA	NT		ADDRESS			"
NO			127-0	1-9544	ETNEY	A. MAN	UEL	(SAME	AS :	PPEM 7	<u>#13)</u>
18 CAUSE OF DEAT PART I. DEATH W	AS CAUSEI IMMEDIAT	E CAUSE (a)	R AS A CONSE	SVAIN OUENCE OF	MET DWN) F	AST AS	218			BETWEEN ON	ATE INTERVAL USET AND DEATH
gove rise to immore couse (a), static underlying couse	nediote ig the lost.	(c)	R AS A CONSE	OUENCE OF		TO THE TERMI	NAI DISEAS	F OR CONDIT	ION GIVEN	IN PART 1 o	
, AND E CHIEK SICK	VIII CALVI C	010110110	51414100111-0		, , , o , lie , li						
190. DATE OF OPERA	TION	196 CONDI	TION FOR WE	HICH OPERATION	ON WAS PERFO	RMED	200 AUTO			VERE FINDING VG CAUSES C	
210. ACCIDENT WAS UNI	-	216. TIME O		DAY YEAR		JURY OCCURRI	-	TURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY MEDI		III		DAT TEAM							
21d. INJURY OCCUR		21e PLACE (OF INJURY BEET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATIO	N	3-6	CITY OR TOWN		COUNTY	STATE
220. I certify that (I)		al) attended the	e deceased fro	om (0/11	19.87	to	10/23	10	8V 1	nat (l) (we) last
sow the decease	ed olive on	61.	2.21	× /	and that in (my)			d on the date	ond hour or		107 (11 (11 - 7 10 11
above, (I) (we) (did) (did not	view the body	ofter death,		DEGREE					22c. DATE S	IGNED
V//(0	0	0 7		и		TTENDING PHYSICIAN M	MEDICAL	STAFF PHYSICIAN	4 🗆	6/13	181
22d. BHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRES	4	, omeerox			14/201	1
KIRKLA	NO COM	1. 13ve	100		160	o Cap	Por 6	lua 1	Aline	n VAD	L.Md.
BURIAL, CREMATION,		23b DATE		23c NAME OF	CEMETERY OR C	REMATORY	23d. LOC			0	0.00
CREMATIO	V.	6-24-1	.987	CHAMBEF	RS CREM	IATORY		VERDALE	, P	.G.C.	Md.
FUNERAL DIRECTOR			4000		20910	25e. DATE	REC'D. BY F	EGISTRAR 256			RE
W. W. CHA	MBERS	CO. IN	C. SI	LVER S	PRING, MO	1. JUN	V 20	1007	ulia Do	widon. P.	andress

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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5 6 0 3,2 JUN 17

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		EASED NAME FIRST OR PRINT) (1/14/07)	Howar	d Martin	June 6	1987 SILIPM
	3 SEX	MAIE	Black	S DATE OF BIRTH APP, 9 190	AGE (IN YEARS LAST BIRTHDAY) 7 8 YRS	MONINS DAYS HOURS MIN.
5		THPLACE (SLATE OR FOREIGN 71) OUNTRY) MD	4.5A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOIN	TY OF DEATH MERY MD
-	10 64	ock ville	1. NAME OF HOSPITAL, NL HIF NOTIN SUCH SACILITY, GIVE !	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) HOWEN 1/37 HOSDITA	120 USUAL OCCUPATION (IVES OF WORK FOR MOST OF WORKING (IVES OF WORK FOR MOST OF WORKING (IVES OF WORK FOR MOST OF WORKING	
	USUA 13a S		onter institution give residence in the institution give residence in the interior of the inte	HEYS DUKE YES NO [1419 MIUddy	Branch Rd.
3		Clem	DDLE MArtin	CA	ro HAWKI	US LAST
1		ES NO OR HEROWN) (IF YES, GIVE		03 7478 DOYOTHY	HArt (Friend)	5AME AS# 13
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY (As	diquelmone, a	ines	APPROXIMATE INTERVAL BETWEEN ONSEX AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) ACU DUE TO, OR AS A CONS (c) AUGU	le cerowoul	hoosand din	10+year
	NOI	PART 2 OTHER SIGNIFICANT CO	mythous contributing	G TO DEATH OUT NOT RELATED TO THE TE	An sur on a	L'an.
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC)	CITY OR TOWN	COUNTY STATE
		220 1 certify that (1) (this hospito sow the deceased alive on above 1) and did (did not	6/10	19 and that in (my) (our) apine	on death occurred an the date and h	
		22b SIGNATURE	, Casa	DEGREE ATTENDING PHYSICIAN		221. DATE SIGNED
		224 PHYSICIAN'S NAME WAS OR	BEN CO	SCAMO DEM	GRED AND,	WSF-
		URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE
		Burial	6-11-87	Parklawn Mem. P	k. Rockville,	Montg. MD

DHMH - 16 60M 7/84 (VRA 15, 4) 246 Nore Washington George R. Snowden Rockville, MD20850

250 DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE
JUN 11 1987 Julia Devider Parkers

FOR STATE REGISTRAR 1 DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	STATE OF MARYLAND	
	2.5	7

DEF	CERTIFICATE OF DEATH	REG. NO.	1 1 7	-
LE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	McCann	June 5, 1987	, -, := 7	12 30 AM
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
N	Tanuahu 29 1908	79	MONINS DATS	HOURS MIN.

	T	onald		Н.	McC	ann	June	2 5, 1	987	, , , , , , ,	12	AM
3 S	EX	4	RACE		5 DATE C		6 AGE	IN YEARS LAST BE	RTHDAY)	MONING DATE	IF INDER	24 HR
M	ale		Caucas.	ian	Janu	ary 29, 1908	79		YRS	MOINTAS DATS	HOURS	MIN.
70	BIRTHPLACE STATE ORF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIA	MORE CITY	OR COUNTY	OF DEATH		
/ M	aine		u.s.	A.	WIDOWE		5	Mont	aomenu	,		MD
10	CITY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		R OTHER INSTITUTION		AL OCCUPAT	TON	126 KIND O	F BUSINE	SS OR
T	akoma Park	W	ashina	ton Adven		Hospital	Feder		rshal.	Justic	e. De.	pt.
Us	UAL RESIDENCE (# NURS	136 COUNTY		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	1 _{13e} STREE	T ADDRESS				
M	aryland	Montg		Silver S			840		hester	- 1	20	1901
14.	FATHER'S NAME	MID	DLF	tast		15 MOTHER'S MAIDEN N	IAME	WIDDLE		LAS	1	
ev.	Daniel			McCann		Mae		7770046		Jordan		
160	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT N	iece	ADDR	ESS 433	Hollybu	sh R	oad
У	es	WW I	I	577-05-8	050		Dana	Ros	emont.			
	Canditians, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the	DUE TO, OI	RAS A CONSEQUE Seps 6 LS	NCE OF	PIRATORY SUBDURA	40					
NO		NIFICANT CO				NOT REL'ATED TO THE TEL	rminal dise	ASE OR CON	NDITION GIV	/EN IN PART 110		
TIFICATION	19g DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	JTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES		H?
EDICAL CER	210. ACCIDENT WAS UNE	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		Y YEAR	YEAR		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART?)				
MEDI	21d INJURY OCCURE WHILE NOT WH AT WORK	HILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	IRM ETC]	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	5	TATE
	22a. I certify that (I) saw the decease abave, (I) (we) (c	(this haspital)	6/4	19 5	7. on	- (7 - , 19 8 -) ad that in (my) (aur) apinio	7, ta in death occu	6 -	5 - ,		that (1) (v	,

22c. DATE SIGNED f. kamelat ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

KANNARK

16th St. SILVER SPEING, MD 20910

236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE

Burial Jun. 9, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR Francis J. Collins Res. Jr.

NAME

250 DATERS OF BY REGISTRAN 25B. REGISTRAN 25B

BP.

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

University Blvd. W. Silver Spring.

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	1000000	anno 2 y				67/
	,1 (0 to 6 to 7)	anno 2 y				

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-		FIRST				LAST			DAY YEAR		
		OPPRINT	FIR		WIDDLE		SA	20 DATE OF DEATH	MONTH	DA. IEMW	25 HOU	JR T
			Lillia	an	R.	M	cCann	June 19,	1987		9:25	
	3 SEX	(4 RACE			OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY	IF INDER YEAR	dF € R	. 1 Hi
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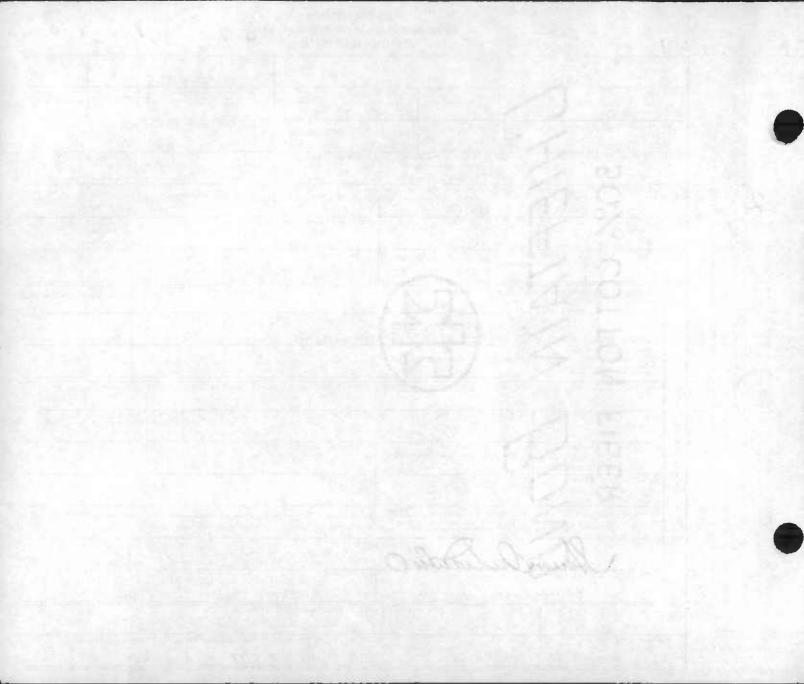
DHMH - 16 60M 7/B (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

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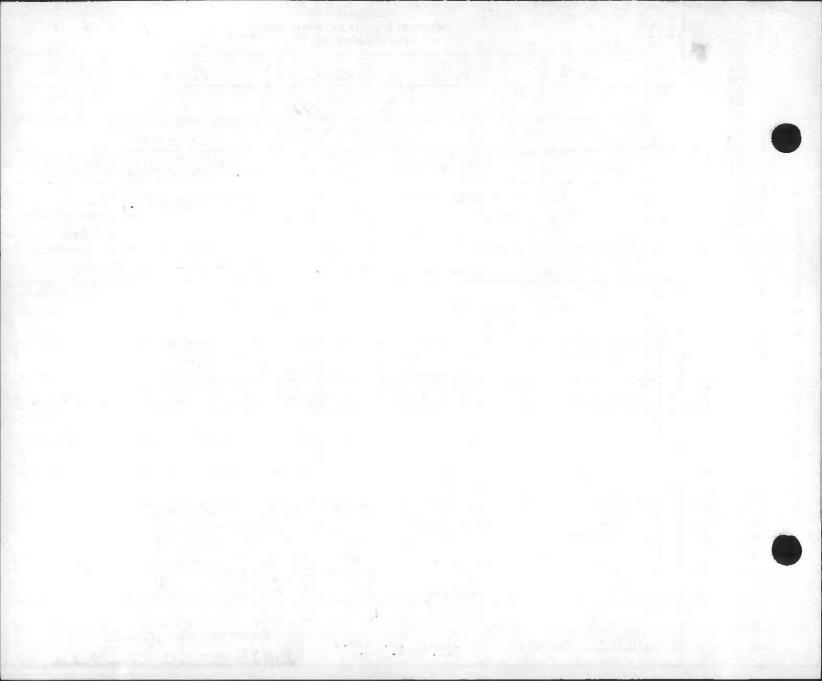


(VRA 15, 4)

STATE OF MARYLAND

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12/		llinois		USA			ED MEVER MARRIED DIVORCED DI		Montgomery		y Mc	
159/	Olney			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			MOITUTITE	120 USUAL OCCUPATION 11 VPE OF WORK FOR MOST OF WORKING LIEE Photographic Center			of BUSINESS OR graphic	
and be		AL RESIDENCE (IF NURSING	HOME OR OT	gomery S	TERESIDENCE BEFORE	pring	134 INSIDE	CITY LIMITS?	13° STREET ADDRESS 10832 Chi	ZIP CODE	., 20	901
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		Cremation		6-12-198	37 Me	etropo	litan	Cremato	ry Alexand	ria	Virg	ginia
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- 16 60M 7/84	lin	es/Rinaldi	Funer	al Home	11800 SII:	pr. M	d.	50224	145	,0 0		4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retoined by the haspital or attending physician.
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN, The law relegined by the haspital at attending physician.

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to director page 3

STATE OF MARYLAND				-
ARTMENT OF HEALTH AND MENTAL HYGIENE &	1	1	1	7
CERTIFICATE OF DEATH	REG. NO.			

	- STATE REGISTRAR			oti Akin		ICATE OF DEATH		REG. NO.			14
	DECEASED NAME	FIRST		WIDDLE		TAUT	20 DATE OF DE	ATH MON H	DA1 YE	EAR 2	h HOUR
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di.	Louisiana		United	States	WIDOW		Montgo	mery Co	nintv		
	CITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12n USUALOCO	LIPATION	126 KI	ND OF F	BUSINESS
1	Potomac			Admirals (Senior	Vice-Pr	IG LIFE INDUS	IRYNE	W You
100	UAL RESIDENCE DE NUR	SING HOME OR	DIHER INSTITUTION	DIVE RESIDENCE BEFORE	ADMISTION)					CK E	XCIIai
	Maryland	Monto		13c CITY OR TOW	N	YES NOX	13e STREET ADD			,	2005
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	saw the deceo	sed alive on_	May 3	ofter death	87	nd that in (my) XX opinion	death accurred or	the date and	hour and from	n the car	uses stated
	225. SIGNATURE	1.1	10	///	7	DEGREE			220 0	DATE SIC	GNED
18	Melle	Keen	2604	1 Week		ATTENDING PHYSICIANX	MEDICAL X DIRECTOR []	STAFF PHYSICIAN []	Ju	ne 3	, 198
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1	(SPECIFY)		6-3-8				CITY OR I	NWC	COUNTY		STATE
24	Cremat FUNERAL DIRECTOR	Picha	rd Dan-	The	10001	litan Cremator	TE RECID BY REGI				
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal IMPORTANT: If Item 21 is marked or Item, 8 shows any injury, or other traumatic event, the

STATE OF MARYLAND

MARRIED NEVER MARRIED

DIVORCED

		CER	TIFICATI			REG	NO.			1	
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Whi	18	M	3	SC	26	61	YRS.	MONTHS	ĐAIŞ.	HOURS	MIN
76 CITIZEN	OF WHAT C	OUNTRY? 8	7			9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to buriof, cremation, or removal.

FOR - STATE REGISTRAR

To BIRTHPLACE

Vermont

3 SEX

1 DECEASED NAME TYPE OR PRINT

FIRST

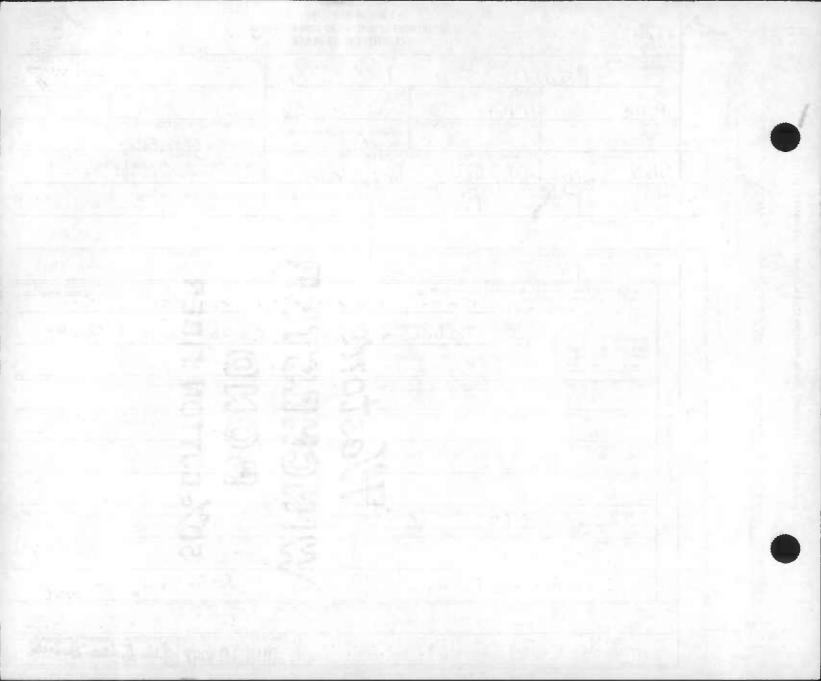
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I STATE OF FOREIGN

USA

TO HOSPITAL OR ATTEN BP. DHMH - 16 60M (VRA 15, 4)

Sime	5	LIVER SOLOG		HOSPITAL, NURSING HOME O	ROTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORL BI-O-Chemi	INDUSTRYOF BUSINESS OR INDUSTRYOF Dept. Defence
	130	JAL RESIDENCE IF NURSING JOME OF O STATE 135 COUNT Montg	Y		13d INSIDE CITY LIMITS? YES TO	13. STREET ADDRESS / ZIP 2802 Hathaway	CODE 20906
examine C	14 F	ATHER'S NAME FIRST James	B.	McCormick	15 MOTHER'S MAIDEN NA ETTEN	ME MIDDLE	Dûke
medicol		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) YES WWIT	ED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO 008-20-5137	Margaret S.	McCormick-wif	e-(same as 13e)
event, the		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY		057.8-182	1 Collaps	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oumatic		Conditions, if any, which	DUE TO, O	RAS A CONSEQUENCE OF	eqa4.25	Santicam	. E. 36Hec
r ather tr		gave rise to immediate couse 101, stating the underlying cause last	DUE TO, O	RASACONSEQUENCE OF	(teaples (x +	~ leakeau	- (
injury, a	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CO</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110
Auo smo	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
18 2		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		FINJURY M. MONTH DAY YEAR M. 19	210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
ked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
21 is mar		220 I certify that (I) (this haspital saw the deceased alive on above, (I) (well did) (did hat)	(01)	19 O / an	d that in (my) (our) apinion	death accurred on the date or	, 19 that (1) (we) lost and hour and from the causes stated
T. If Item		22h SIGNALUT	2) . 8		ATTENDING PHYSICIAN	MEDICAL STAFF	Date Signed
PORTAN		22d PHYSICIAN'S NAME TO	PRINTI H.L	ESILL	22e ADDRESS	GE- 89	12 12 md
≥7	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	736 DATE 6-25-1		METER United TORY ille Methodis	t Laytonsvill	Le COUNTY STATE Md.
7/B4		ines Rinaldi Fune	ral H	ome \$11. Spr.	AVP.	IN 29 1987	he pender kadal



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	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	ECEASED NAME PE OR PRINT)	Willia	MIDDLE	m	m	ckay	20 DATE OF DEATH	24	Y YEAR	23
3 SE	m	4 RAC	E W		5 DATE C		6 AGE (IN YEARS LAST BIR	YRS MO	NINS DAIS	HOOKS A
	BIRTHPLACE TATEOR		USA		WIDOWE		Montgome	ry	FDEATH	
(Silver 50	ring 18	NOT IN SUCH FACE	LITY, GIVE STREET	ros	S HOSpita	Sys Analys	F WORKING LIFE)	126 KINDO INDUSTRY Dept	F BUSINESS Of Arm
M	JAL RESIDENCE (IN NUR STATE Maryland	136 COUNTY Montgom		CITY OR TOW		13d INSIDE CITY LIMITS?		ZIP CODE	ey Dri	ve 208
	Thomas	F.		McKa	-)	15. MOTHER'S MAIDEN N FIRST CLara	MIDDLE B. ADDR		My	ers
	WAS DECEASED EVER (YES NO OR UNKNOWN)	(IF YES GIVE WAR OF	R DATES)	SOCIAL SECU 27-01-		Elizabeth H	. McKay/wife			MATE INTERVAL DISET AND DE
	Canditions if an		UE TO, OR AS	a Conseque	NCE OF					
ICATION	Canditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	y, which imediate ing the e lost	UE TO, OR AS	A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, V	WERE FINDING CAUSES	IGS USED
AL CERTIFICATION	gave rise to im cause (a), state underlying cause PART 2 OTHER SIG	y, which immediate immediate in the lost i	UE TO, OR AS (c) TIONS CONTR 6 CONDITION 6. TIME OF INJ HOUR A.M.	A CONSEQUE	DEATH BUT OPERATION AY YEAR	N WAS PERFORMED		20b. IF YES, NIN CERTIFYII	WERE FINDIN NG CAUSES	IGS USED
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	gave rise to im cause (a), stati underlying cause (a), stati underlying cause (a), stati underlying cause (a), stati underlying cause (a), and contribution (a), and contribution (a), and cause (b), and	ATRON 19 ATRON 29 ACTION 20 AC	UE TO, OR AS (c) TIONS CONTR 6 CONDITION 9. TIME OF INJ HOUR A.M. P.M. e PLACE OF IN THOME STREET FA	A CONSEQUE BIBUTING TO L FOR WHICH BURY MONTH DA ACTORY OFFICE, F BE assed from	OPERATION AY YEAR 19 ARM ETC.)	211 LOCATION STREET Add 22 19 8 7 Ind that in (my) (aur) apinion	200 AUTOPSY? YES NO REED (ENTER NATURE OF INJU	20b IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES T + OR PART 2) COUNTY	STAI
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DHMH - 16 60M 7/84

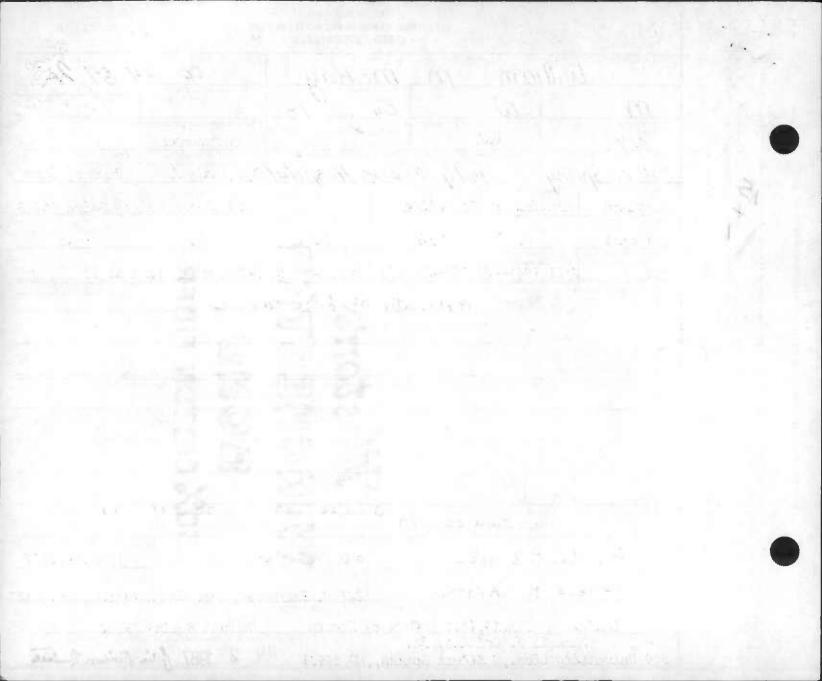
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TO FUNERAL DIRECTOR. After this certificate has been tigned by the affection through should be detached for use as the burnal-transit permit. Then please sumon corban permit with the State Dept. of Health and Mental Hygiene prior to burnal, cremainen.

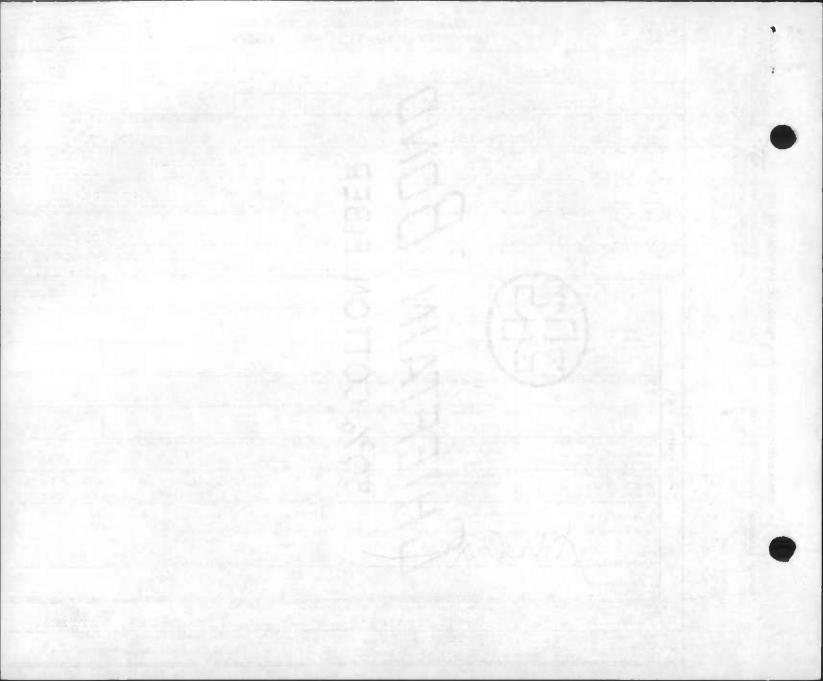
(VRA 15, 4)

500 University Blvd. W Silver Spring. MD 20901 JUL

Julia Tiridon Pendal



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE KNOWN TYPE OR PRINT OF DEATH MATED & VERNON Ray MCKINNON . Sr. 6 18 87 IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 24 HOUR LAST BIRTHD AY PRONOUNCED 55 YRS Male Cauc. 22,1931 DEAD 10 87 3P M 9 BALTIMORE CITY OR COUNTY OF DEATH Te BIRTHPLACE LATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY United States Nebraska WIDOWED [DIVORCED Montgomery County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK EFRECETON LECS OR INDUSTRY Electronics Rockville. 256 Congressional Technician 20850 13e STREET ADDRESS 136 COUNTY 134 INSIDE CITY LIMITS? Congressional Lane 256 Rockville Maryland Montgomery YES X NO T 4 FATHER'S NAME FIRST Zenoba Bo1t McKinnon Cleo Vaughn onnie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1828 Meadow Grove La (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST 216-30-3839 V. Ray McKinnon Frederick, MD 21701 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ANDION TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PE-MIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY PRESTON S Gunshot wound of head (handgun) IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOP Self-inflicted. CONTRIBUTING CAUSE OF DEATH ? P.M. 6-18- 1987 21e PLACE OF INJURY (AT HOME II LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 256 Congressional Lane, Rockville, Montgomery, home MD 22e. I certify that I took charge of the remains described above, held an death resulted fram-Natural causes Hamicide Undetermined monner Accident TITLE (SPECIFY) ACTUAL Deputy Chief 6-26-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD Ann M. Dixon, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE June 23c. NAME OF CEMETERY OR CREMATORY Cremation 28, 1987 Metropolitan Alexandria, Virginia Crematory 07/84 BP Rockyille, Inc. A. Pumphrey Funeral Home 250 Date REC'D. By REGISTRAR'S SIGNATURE **DHMH - 17** 300 West Montgomery Ave. Rockville, MD ena Way doon from (VR A15 ME (5))



58190	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 7	7799
	DECEASED NAME ABRA	HAM N	11CH AEL	20 DATE OF DEATH MONTH C	6/87 455 MAN
ge 4 n	MALE	4 RACE WHITE	5 DATE OF BIRTH MONTH 12 VEAR 12 07	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF ODER YEAR F NDER SHE
de at h	POLAND	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY COUNTY	NTY MD.
201	ROCKVILLE		PRESTER WASHINGTON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SALES	126 KIND OF BUSINESS OR INDUSTRY RETAIL
filled hould be		OTHER INSTITUTION SIVE RESIDENCE BEFORE TY THE STATE OF	112 11 110 11	130 STREET ADDRESS / ZIP CODE 6121 MONTROSE	ROAD 20852
maker and 2		DAVID MICHAEL		WIDDLE	SHEMBERG
be executed on ond control of s. Pages	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES) 228-10-		912 ALMBERTO ELY, SILVER SPRIN	
hat the death certification of the death certification of the death certification of the death d	Canditions, if ony, which gave rise to immediate cause a stating the underlying couse lost	D BY: E CAUSE (o) DUE TO, OR AS A CONSEQUE! (c) OUE TO, OR AS A CONSEQUE!	OGENIC HEPA	LURE TIE CIRRHOSIS	20 YEAR
requires to see significant to be in the control of		TES ME	EATH BUT NOT RELATED TO THE TERM		N IN PART I a WERE FINDINGS USED
ALRECTOR. The low cron. Sit permission permission primary on however.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DPERATION WAS PERFORMED	YES NOXXX YES	ING CAUSES OF DEATH?
7 E E E E # 3		HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF NUURY IN ITEM 18 PA	RT ORPART:
NG PHYSICIA NG PHYSICIA (ffer this certif to st the bundi- th and Mental arked of them	OR CONTRIBUTING CAUSE OF DEA [IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FA	RM ETC)	CITY OF TOWN	COUNTY STATE
ATTENDIII Spirtal or CTOR. A of Health	saw the deceased alive on above, (1) we (aid) (did and	tal) ottended the deceased fram		to	
TAL OR y the har sal DIRE detached from Dept.	226. SIGNATURE	n Lysson		MEDICAL STAFF DIRECTOR PHYSICIAN	6/26/8)
HOSPI Funed b Suld be th the Si	STEVEN	LIPSON	6/2/ MO	NTROSE RD	ROCKVILLE

DHMH - 16 60M 7/B4 (VRA 15, 4)

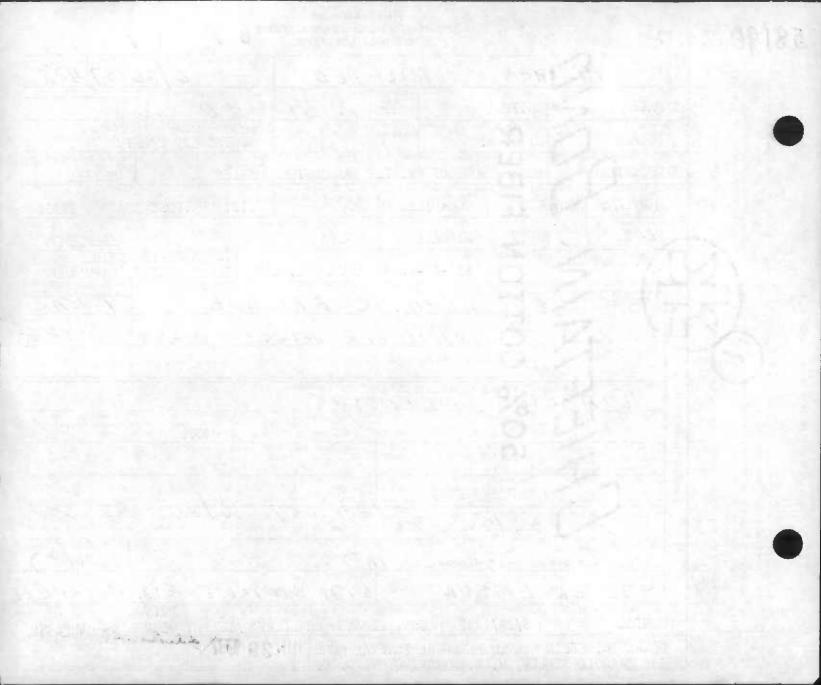
230 BURIAL, CREMATION, REMOVAL BURTAL

23c NAME OF CEMETERY OR CREMATORY 6/26/1987 MOUNT LEBANON CEMETERY

PRINCE 23d LOCATION

ADELPHI GEORGE'S MARYLAND

TOONAL STEIN HEBREW MEMORIAL FUNERAL HOME 10Nº29



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MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT AL HYGIENS
CERTIFICATE OF BEATH

CERTIFICATE OF DEAT

H	REG. NO	5 0 0
	June 11, 1987	SOSP
37		UNDER YEAR IF UNDER 24 HRS
ED D	Montgomery	M 12b KIND OF BUSINESS O
AITS?	13. STREET ADDRESS / ZIP CODE 103 Bluff Terrace	20902
ICE		obinson
Mon	ADDRESS utano/husband/ sam	e as #13
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1415		
1E TERMI	nal disease or condition given	IN PART 1 o

REGISTRAR LITTE OR PRINTS Glaria 4 RACE 3 SEX DATE OF BIRTH MONTH remale. Caucasian March Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED XX NEVER MARRI COUNTRY U.S.A. Minn. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUT 103 Bluff Terrace Silver Spring 130 STATE Montgomery Maryland Silver Spring YES [4 FATHER'S NAME 15 MOTHER'S MAIL Obert Vananess Flores 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 473-40-7742 Donald A no 18 CAUSE OF DEATH Enter only one couse per line for jal, (b) and ic PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JEEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC) CITY OF TOWN WHILE NOT WHILE AT WORK 220 1 certify that (this hospital) attended the deceased from sow the deceased alive on O O obove. (1) (we wild) (old not view the body after death and that in (my) (wr) pinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

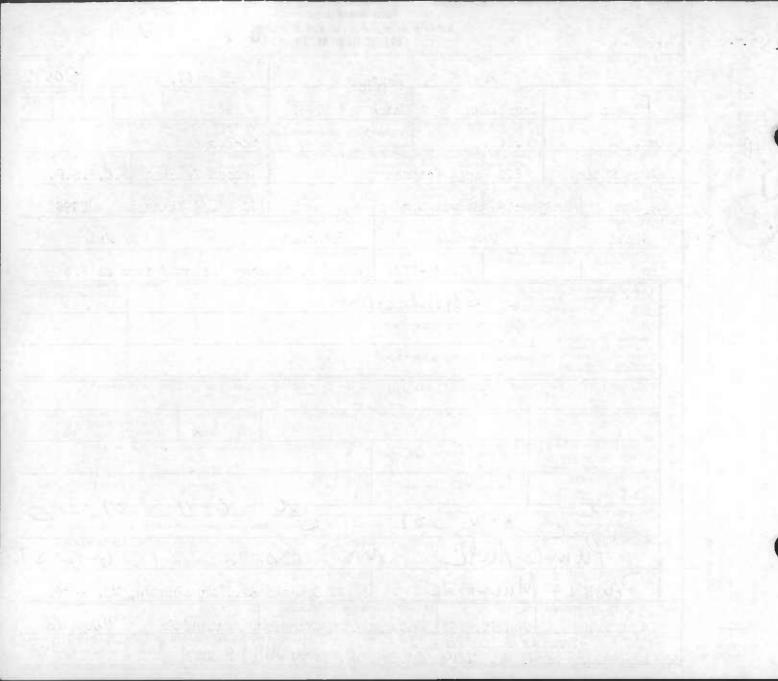
10605 Concord St., Kensington, Md. 20895

Virginia

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY June 12, 1987 Metropolitan Crematory Alexandria Cremation

VERAL DIRECTOR Francis J. Collins, Jr.

University Blvd. W., Silver Spring, Md. 20901 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

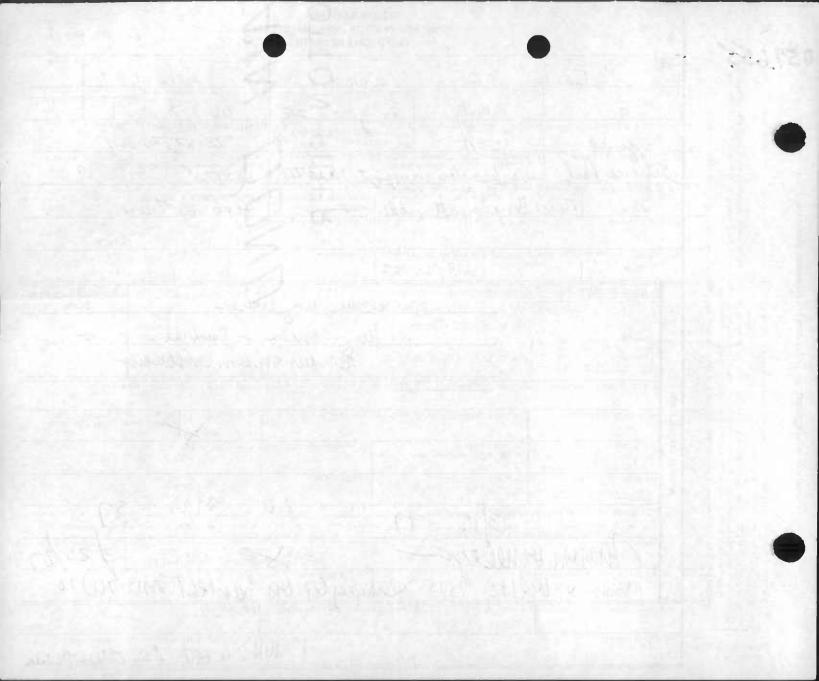


	STATE	OF	MA	RYL	ANE
DEDAL	DESCRIPTION OF HE	41	THE A	612	

1	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE REG. NO	1301
	ECEASED NAME FIRST	WIDDLE	LA51	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(140	Em Ll	1 C	Moore	03/2	01'87
3 51		Virta.	S DATE OF BIRTH MONTH DAY FEAR	6 AGE (IN YEARS LAST BIRTHDAY) 66 400 YR	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1/1	BRITHPLACE STATE OF TORLION	L CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
17	Mersina	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	montgo	mery MD
7/0	Lierma Park	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY GIVE STREE Woshington	NG HOME OR OTHER INSTITUTION APPORESS) AUGUSTUST HOSPITAL	THE USUAL OCCUPATION	IND OF BUSINESS OR
25	MA Punc	OTHER INSTITUTION GIVE PISIDENCE BEFOR TY 130 CITY OR TOV Legy Gyallar		13e STREET ADDRESS / ZIP, C	One 20789
64	ATHER'S NAME George	Round	15 MOTHER'S MAIDEN N	WIDDLE	Oliver
2	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECTION (MAR OR DATES) 223-26	17 INFORMANT 15752 Robert Moore	ADDRESS 4866 66th Ave. Hyat	
100	PART I. DEATH WAS CAUSED	BY	rogressue len	(auer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	IENCE OF lan Canel	Comer Central system involve	h.
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	DEATH BUT NOT RELATED TO THE TER		
No No	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITION	GIVEN IN PART TO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
- / /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
4 to 1 to	22a. I certify that (I) (this hospital saw the deceased alive on_	19		death occurred on the date and the	, 19 , that (It (we) lost
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	obove (I) (we) (did) (did not) 276 SIGNAL CONTROL CONT	melter	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 20 /b
MPORTANT	MUGUM D. W	Jeltz 7525	Thombay 67 O	is Surbelt of	100 20120
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	236 DATE) 23c March 21, 1987	NAME OF CEMETERY OR CREMATORY	LOCATION CITY OR TOWN	COUNTY STATE
7/84	FUNERAL DIRECTOR NAME Maryland Sta	te Anatomy Board Ba		TE REC D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Takoma Park Washington Adventist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20901 13. STREET ADDRESS / ZIP CODE 20901 9912 Markham Place Silver Spring 136 COUNTY 13d INSIDE CITY LIMITS? Bilver Spring Maryland Montgomery 15 MOTHER'S MAIDEN NAME Gibson Anthony Moore Vera ADDRESS 12703 Flack Street 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT cousin (IF YES GIVE WAR OR DATES) Wheaton, Maryland 20906 577-03-6250 Robert Kelsey no 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and c PART I. DEATH WAS CAUSED BY gave rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS ISEASE OR CONDITION GIVEN IN PART Tra CERTIFICATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES F 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 25 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH TIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the speceased from saw the deceased alive an. apinian death accurred on the date and have and from the causes stated above. Il) (we) (did) (did not view the bady after death 226 SIGNATURE DEGREE TH. DATESIONED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN

DHMH - 16 60M 7/84

(VRA 15, 4)

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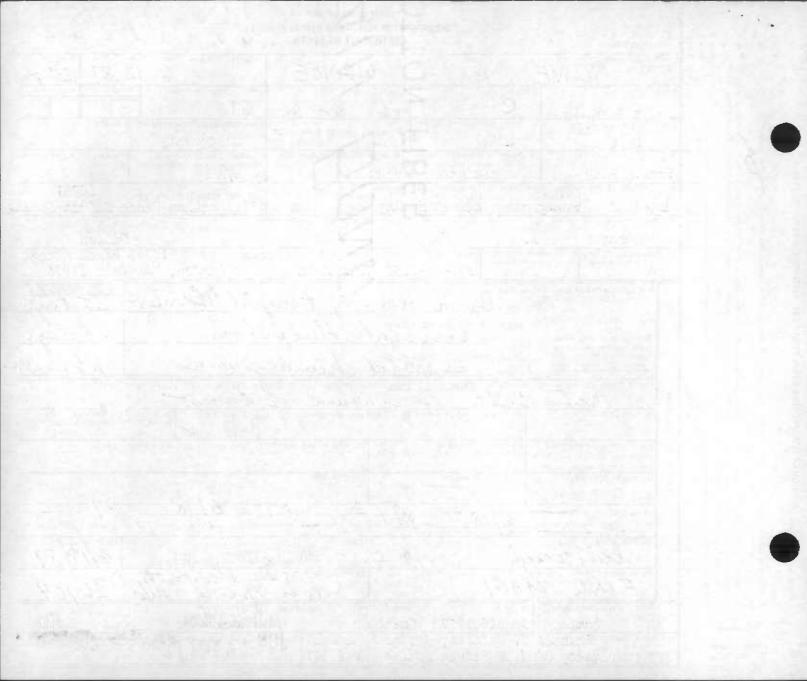
> 24 FUNERAL DIRECTORFrancis J. Collins, Ir. 500 University Blvd., W Silver Spring. MD 20901

230 BURIAL CREMATION, REMOVAL

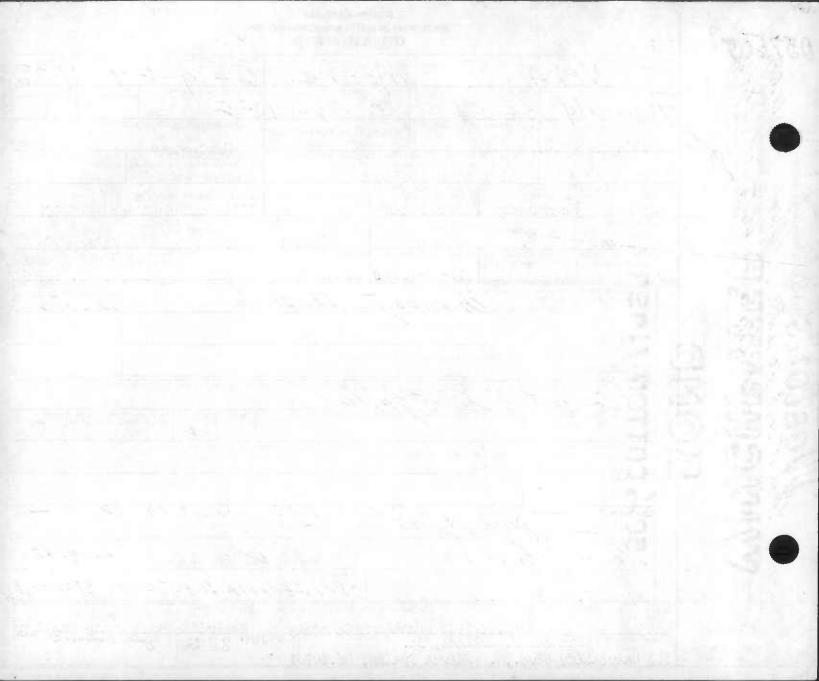
(SPECIFY)

June 22.1987

23c NAME OF CEMETERY OR CREMATORY Parklawn



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR CTOPE COLUMNS OF 4 RACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [Washington NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! Holy Cross Hospital Housewike 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Silver Spring 9912 Markham Place Marulano Montaomery YES [20901 15 MOTHER'S MAIDEN NAME IS FATHER'S NAME Robert Gibson Blanche ADDRESS 12703 Flack Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) Wheaton Md. Robert Kelsey COUSIN 18 CAUSE OF DEATH (Enter only one cause per line for to the and it PART I. DEATH WAS CAUSED BY 200 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR YES [216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM ETC) SIRRET NOT WHILE 1987 and that in (my) (apinian death occurred on the date and have and from the couses stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT 98016-EOPHIA NUE, SILVER SPRING Seruch T. Kimble M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial Jun. 22, 1987 Parklawn Cometery 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 1867 Rockville Montgomery Maryland 750 DAL RE ISB REGISTEAR STAGE HORRE DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. (VRA 15. 4)



BP______ DHMH - 16 60M (VRA 15, 4)

		FOR			DEPART		E OF MARYLAND EALTH AND MENTAL HY	GIENE		3	~ /
IN A	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO										U -1
		CEASED NAME OR PRINT	Willia	am Jimmie MM			MOORE	OORE Za DATE OF DEATH MONTH			11 25 M
	3 SE)	X	4.	RACE		5 DATE C		6 AGE IN YEARS LAST BIR	THDAY) II		IF I NUER 24 HR
		Male		USA v			rch 20,1942	45	YRS		
0		RTHPLACE MATE ON A COUNTRY) Maryland	OREIGN 76			MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	mery C		MD
9	18 CI	Olney	TH 1	(IF NOT IN SUC	CH FACILITY, GIVE STREET	T ADDRESS)	A Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF Retail sa	F WORKING LIFE	176 KIND OF INDUSTRY Gun S	BUSINESS OR
5	13a S	AL RESIDENCE IN NURS	136 COUNT	ounty la city or town ntgomery Damascus			13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS .		ve 20	0872
0	14 FA	THER'S NAME FIRE LON	MI	DDLE	Moore		15 MOTHER'S MAIDEN NA	MIDDLE		LaForce	
		VAS DECEASED EVER YES NO OF UNKNOWN!		D FORCES?	216-40-6		Edith P. 1	Moore, I	tem 13		
		18 CAUSE OF DEAT PART I DEATH W	H Enter anly AS CAUSED IMMEDIATE	CAUSE (a)	Carda RAS A CONSEOU	ue u	rrythmia	- coste like	il	BET WEEN ON	ATE INTERVAL
	7	Canditions, if ony, which gave rise to immediate cause a stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								N IN PART 1 a	920,
2	CERTIFICATION	190 DATE OF OPERATION 196 C			ITION FOR WHICH	H OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, 1 IN CERTIFYI YES	WERE FINDING NG CAUSES O	GS USED OF DEATH?
7		71a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH		OF INJURY .M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF NIU	RY IN ITEM 18 PAR	ORPART?)	
	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY REET FACTORY OFFICE	FARM ETC)	71f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		27a I certify that (I saw the decease abave, (I) free to 22b SIGNATURE	ad alua aa	6-	atter death	37.01	nd that in (my (esse) opinion PEGREE ATTENDING	death accurred an the do		22c DATE SI	
-		226 PHYSICIAN'S N	AME (TYPE OR P	RINT	Vman,	M. L		DIRECTOR PHYSIC	IAN	6 2	/
/		Frede	rick M	oomau,	M.D.		2901 Olney-	-Sandy Sprin	g Rd.,	Olney.	Md.
		BURIAL, CREMATION,	REMOVAL	June 2	23ε.		EMETERY OR CREMATORY tview	23d LOCATION CITY OF TOWN Balti	more,	Maryl	and
34	24 FU	Olin L.	Moles	worth.	P.A. AODRESS	amascu	s. Md. 250	N 25 1987		RISIGNATION	Educa

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

			STATE	OF MARYLAND			
	FOR STATE REGISTRAR	DEPART		CATE OF DEATH	ENE & REG. NO	/	0 0 5
	I DECEASED NAME FIRST	Ch4RD	G .	MORGAN	20 DATE OF DEATH	6 15	8-2 4:00 mm
	3 SEX male	a RACE caucasian	S. DATE OF MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	DER I FAR IF INDER J HRS 5 DAIS HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DO DIVER DIVORCED D	MONT	SOME	ERY MD.
1	Silver SARING	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	HOSPITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Civil Sett	F WORKING LIFE) IN	KIND OUBUSINESS OR DUSTRY GOVERNMENT
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU Maryland Mont		pring	13d INSIDE CITY LIMITS? YES NO 1			ane 20901
	Richard	E. Morgan		Jane	MIDDLE	cc	Talbot
1		RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 083-03-0		Lee P. Washbu	iend rn Silver	s 224 Wi Spring,	lliamsburg Dr MD 20901
	PART DEATH WAS CAUSE	only one couse per line for (a), (b), or ED BY ATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	AC A ENCE OF	RREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITIONS CONTRIBUTING TO GERY FOR GI T196 CONDITION FOR WHICH	ALLBO	LADDER DISE	NAL DISEASE OR CONT FASE 1200 AUTOPSY?		PART 1 o
2	6/15/87	GALISTONE		IARY COLIC	YES NO	IN CERTIFYING YES	CAUSES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	RPART 2)
	ZIE INJUNI OCCURRED	THE PLACE OF INJURY		CII EOCATION			

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

22a I certify that (I) (this hospital) attended the sow the deceased alive on and that in (my) cour) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on view the body after death DEGREE

22e ADDRESS

15225 SHAPY GROVE

230 BURIAL CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

(SPECIFY)

MEDICAL STAFF
DIRECTOR | PHYSICIAN

500 University Blvd. W Silver Spring. MD 20901

burial Jun18,1987 Gate of Heaven Silver Spring Montgomery MD

24 FUNERAL DIRECTOR Francis J. Collins of Funeral Home, Inc. 250 PATERECT BY REGISTRAR'S SIGNATURE

500 University Blyd W. Silver Spring MD 20901

SADAGO & CANADOS The state of the s QM P

058318

I. DECEASED NAME

	STATE OF MAKTLANL
	DEPARTMENT OF HEALTH AND MEN
ISTRAR	CERTIFICATE OF DEA

JIAILO	IMARILAND
DEPARTMENT OF HEAD	LTH AND MENTAL HYGIENE
CERTIFICA	ATE OF DEATH

DEATH	REG. NO.		/	Ó	U	5
	20 DATE OF DEATH MONTH		OAY	YEAR	26 HOL	R
r	June	24	,19	87	10,	A
	6. AGE (IN YEARS LAST BIRTHDAY)		IF JNDE	PTEAR	IF UNDER	24 HR
YEAR	(1		WUNINS	DATS	HOURS	MIN.

Miria	am	J.	Morn:	ingsta	r	June 24	,1987	1/0 4		
3 SEX	4 RACE		5. DATE C				IF INDER YEAR	IF UNDER 24 H		
Female	Cauca	asian	October 7, 1925			61 YRS	NON-INS DATS	HOURS M		
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED X NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
Virginia	United	d States	WIDOWE		NORCED [Montgomery Coun	ty,			
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN			STITUTION	120 USUAL OCCUPATION		F BUSINESS		
Gaithersburg	(IF NOT IN SU	440 Hori	zon Ru	ın		Topographer .	DMA			
13a STATE 13b CO	OR OTHER INSTITUTION UNITY	13c. CITY OR TOW Gaither:	/N		CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 9440 Horizon Run	1	77		
14 FATHER'S NAME FIRST Harry	WIDOLE	Johnson	n		r's maiden na First argaret	MIDDLE				
160 WAS DECEASED EVER IN U.S. (1965, NO OR UNKNOWN) (19745, NO	ARMED FORCES? GIVE WAR OR DATES)	579-24-0		David		ADDRESS ningstar, Son, Sa	me as #	ļ13		
18 CAUSE OF DEATH (Enter PART L DEATH WAS CAU IMMEDI				DENCA	RE WOMA	OF RIGHT LUNG		MATE INTERVAL ONSET AND DEAT		
Conditions it and the		R AS A CONSEQUE	ENCE OF					-1756		

gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause

NOI		ASTPULCTUE PULM			DITION GIVEN IN PART 11a
FIC	190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NOXX	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE		
MEDIC	21d INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE

220.1 certify that (I) (this hopered) attended the deceased from APRIL sow the deceased alive on June 1997.

sow the deceased alive on June 1997.

spove, (I) fine education (did not) view the body after death. 10 LINE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE 22c DATE SIGNED June 25, 1987 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

James A. Brown, M.D.

14800 Physicians La. Rockville, Maryland

230 BURIAL, CREMATION, REMOVAL	June	230 NAME OF CEMETERY C	Citerioti Oiti	23d LOCATION CITY OF TOWN	COUNTY	STATE
Cremation	27, 1987	Metropolitan	Crematory	Alexandria		Virgini
RockVille, Robert		Funeral Home, mery Avenue ryland 20852	JUL	O 1 1987	ISTRAR'S SIGN	TURBALLA

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21

The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

CERTIFICATE OF DEATH

It m 17, 5629 7-15-87 b

1 - STATE Dir. Gbj

REGISTRAR

tor page 3 after death

	STA	TE	OF M	ARYL	AND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGI

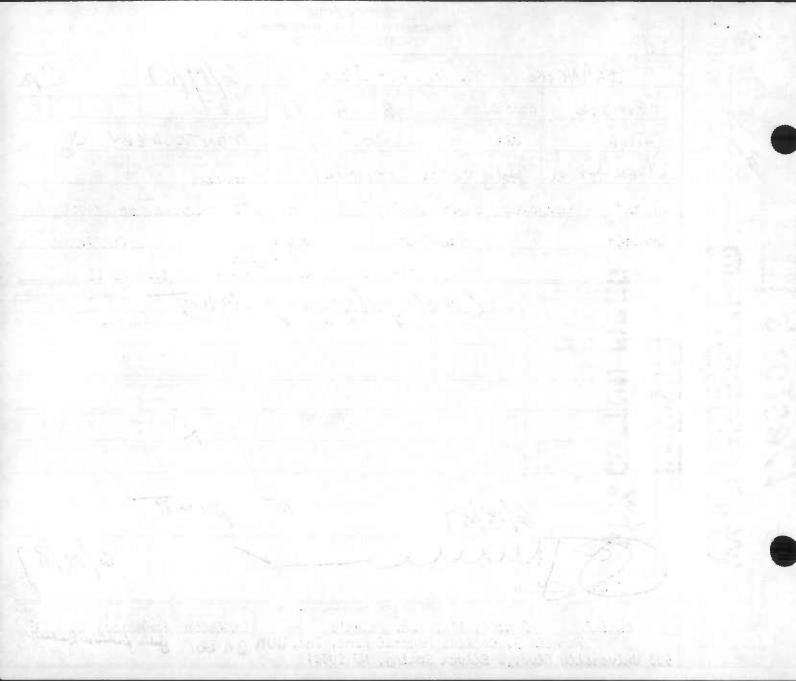
1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO		13	U d
	CEASED NAME	FIRST	A	AIDOLE	Li	ASI /	2s. DATE OF	FBEATH	magnetic C	DAY YEAR	26 HOUR
(TYPE	ORPRINT) BLA		L.	L. Moussette			1191	187		547 pm	
3 SEX		4.6	ACE	-	5. DATE O		6 AGE 1H	LANS LAST BE	-	IF UNDER YEAR	IF UNDER 2 SHRS
	FEMAL Caucas			an	S MONTH	4 89	9	7	YRS.	AUN'HS DAYS	HOURS MIN
	RTHPLACE (TATE OF FO	DREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 AA A BOIE	□ NEVER MARRIED □	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	
MAINE			USA				mo	NTG	OME	RY 1	CO, MC
10 CI	TY OR TOWN OF DEAT	TH 11.				R OTHER INSTITUTION	120 USUAL				OF BUSINESS OR
5	I VER SPR	ine	LINOT IN SUCI	CAP SC	ADORESSI	spital	,		# WORKING LIFE	INDUSTRY	
USUA	AL RESIDENCE 11 NURSI	NG HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION	211041	homemo	0,000			
		136 COUNTY		13c. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET				
		Montgo.	mery	Silver Sx	orung	YES NO Y		arker	LAven	ue. 20	902
I4 FA	THER'S NAME	MIDE	DLE	LAST		FIRST	WE	MIDDLE		LA!	51
	phraim			Queller	tte	Claudia				Ouell	ette
	VAS DECEASED EVER I	NUS ARMEL		166 SOCIAL SECU	RITY NO.	17 INFORMANT dauc	ghter	ADDRE	SS		
1,	no	1# 163 0116 117		004-46-77	149	Lucile A. Bec	kmeuer	7.	_same.	as 13	
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediate	DUE TO, OF	R AS A CONSEQUE		umonary)	an	vesy			
z	PART 2 OTHER SIGN	IFICANT CON	IDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEAS	E OR CON	DITION GIVE	EN IN PART 1	0
CERTIFICATION	19a DATE OF OPERAT	IÓN	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTO	DPSY?		, WERE FINDS YING CAUSES	
CAL CER	210 ACCIDENT WAS UNDO	AUSE OF DEATH	216 TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NA	ATURE OF INJUS	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	E 🗆	21e PLACE (OF INJURY EET FACTORY, OFFICE, F.	ARM ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
	22a I certify that (1)	(this hospital)	attended Phi	highertyl from_		19 00		nese	m.	19	that (I) (we) last
	gw the decease	d alive on K	0/10	0 1	, on	d that in (my) (our) opinion	death occurre	ed on the do	ote and hour	and from the	couses stated
(The state of the s	18	M	Offer death.		DEGREE ATTENDING PHYSICIAN	DIRECTOR	STAF	F IAN	6/	19/87
1	John M	erinde				22e ADDRESS				/	

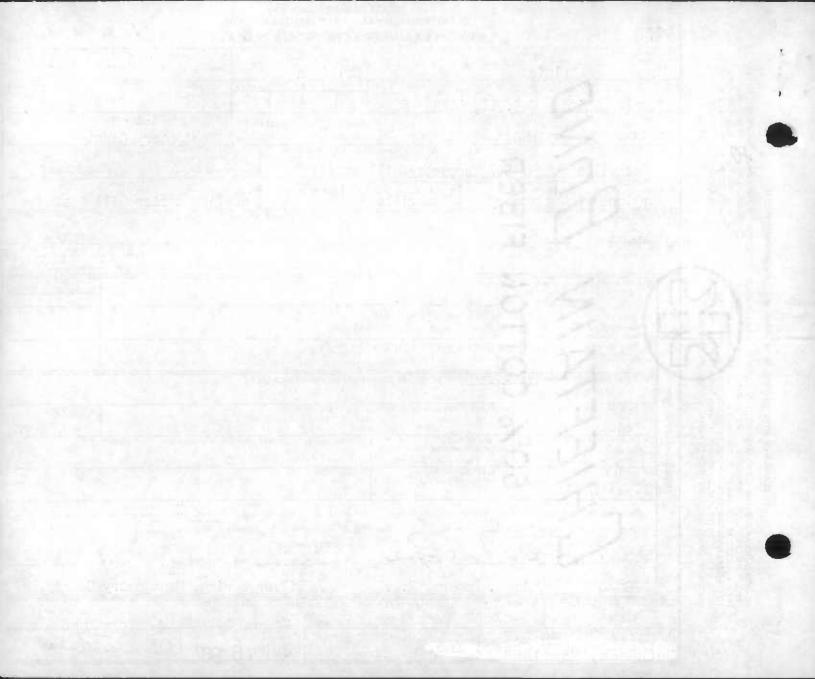
500 University Blvd. W Silver Spring. MD 20901

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked og





- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR MIDDLE 20 DATE OF DEATH 7h HOUR (TYPE OF PRINT) Nalley Galdie. Mau 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHOAY) 3 SFX 4 RACE MONTH YEAR hemale Caucasian 1899 To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED washington. WIDOWEDTY DIVORCED Mantaameru D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Own Home Holy Cross Hospital Homomakon Silver Spring USUAL RESIDENCE 1136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1st Avenue 20910 Silver Spring 8919 Januland Montgomery 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Spinks James Birch Emma ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! LYES, NO OR UNKNOWN) 579-18-3165 Ronnand Nallou Son Same, as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for) of, (b) pind PART L DEATH WAS CAUSED BY 12/21 IMMEDIATE CAUSE 10 DUE TO, OR AS A SONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCED underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU HAT WELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF QPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTION CAUSE OF DEATH PM 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) STREET 22a. | certify that (1) (this hospital) estanded the deceased from sow the deceased alive on above, (1) (we) (did (did not) view the b and that in (my) (our) opinion death occurred on the date and hour and from the causes stated dy after death DEGREE 17L DAJE SIGNED DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL Jun. 9, 1987 Fort Lincoln Cemeteru Brentwood Pr. Geo. Manyhand Burial SELLEN OF BUILDINGS 24 FUNERAL DIRECTOR Francis J. Collins Jr.

DHMH - 16 60M 7/84

MPORTANT

University Blvd. W. Silver Spring.

d b

(VRA 15. 4)

A.2.U. F ,319 , manual res Silvet Spring Linky Court Hotplini \$519 Lat furnis 2510 Massing Monthogens Silver Scalin x Solute 2 Hope when I was

Suries Sancis Jun. 9, 1947 Faut Lincoln Compagni Sanchwood Pa. Coc. Usaidand Fannais J. Colling, Jr. 00 University Stud. W. Silver Spains, Md. 2000] 058597

mpietely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours after death

completely

d by

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

		EASED NAME	FIRST	0.14	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	-,1		LDRED	T	HERESA	N	ANCE		JUNE 24, 1	987		7AM	M
	3 SEX			4 RACE		5 DATE C			& AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER ! YEAR	IF UNDER 24 MRS	
	-	FEMALE		NEG	RO	SEPTI	EMBER 28.1		57	YRS	MON HS DATS	HOURS MIN	
-		THPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE		9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
100		ryland		US	SA	WIDOWE			MONTGOMERY	COU	NTY	M	D
-	10 CIT	Y OR TOWN OF D	EATH				OR OTHER INSTITUTIO	N	120 USUAL OCCUPATION			OF BUSINESS OF	_
-	ВЕ	ETHESDA	200	NIH. TH	E CLINICA		TER		Housewife	- WORKING	priva	ite	
1	JAI 3a ST		RSING HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIM	ITCO.	13e STREET ADDRESS /	710 000	DE.		_
g	17.00	RYLAND		ce Geo.	DIS. HGH		YES TO NO		1952 ROCHE			20747	7
-		HER'S NAME					15 MOTHER'S MAIDE	EN NAA	ME		11.2.025	20/1/	
	J	AMES		Q.	HERBERT		LOUISE		MIDDLE C.		BARN	ES	
		AS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			_
	NÖ	S, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-40-6	5468	MR. ABRAH	HAM	NANCE-SAME	AS P	ATTENT-	(HUSBANI),
		8 CAUSE OF DEA	TH Enter on	y one couse per	line for lot, (b), one	d (c)						MATE INTERVAL ONSET AND DEATH	=
		PART I. DEATH		Ó BY E CAUSE (0)	Respirat	014	Failure						
			11011201111		R AS A CONSEQUE	NCE OF						7	
		Conditions, if on	ly, which	((b)	Thyroid		rcinoma	wit	th Lung Mes	asta	Ses	1 years	
		gove rise to in		DUE TO O	R AS A CONSEQUE				J				
		underlying cou	se lost	(6)	(AS A CONSEQUE								
		PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	ETERM	INAL DISEASE OR CONE	OITION G	IVEN IN PART 1	0	Ī
	CERTIFICATION	Myeloa	(yspla)	ila wi	the par	icyto	Deria						
	CAT	90 DATE OF OPER	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FINDIN		
	<u>₩</u>								YES NO		YES [NO 🔀	
0		OR CONTRIBUTING		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUR	SI WATE WE A	PART OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY ME	4	III		19							
9	9	11d. INJURY OCCU		21e PLACE	OF INJURY	ARM ETC 1	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE	Ī
		AT WORK AT W	WHILE ORK					0.7					
					deceosed Irom_		. 19_	07	JUNE 24			that (K (we) los	t
			osed plive on (did) (did)	JUNE 2	4 19 19 after death	8/ or	id that in 🚾 (our) of	pinion d	deoth occurred on the do	te and ho	our and from the	couses stated	
		226 SIGNATURE					DEGREE				22c DATE	SIGNED	П

BP.

IMPORTANT: If them 21 is marked ar them 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After shauld be detached for use with the State Dept of Heal

236 DATE 230 BURIAL, CREMATION, REMOVAL Burial 6/27/87

Baron

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

BETHESDA

INSTITUTES

MARYLAND

OF HEALTH,

20892

9000

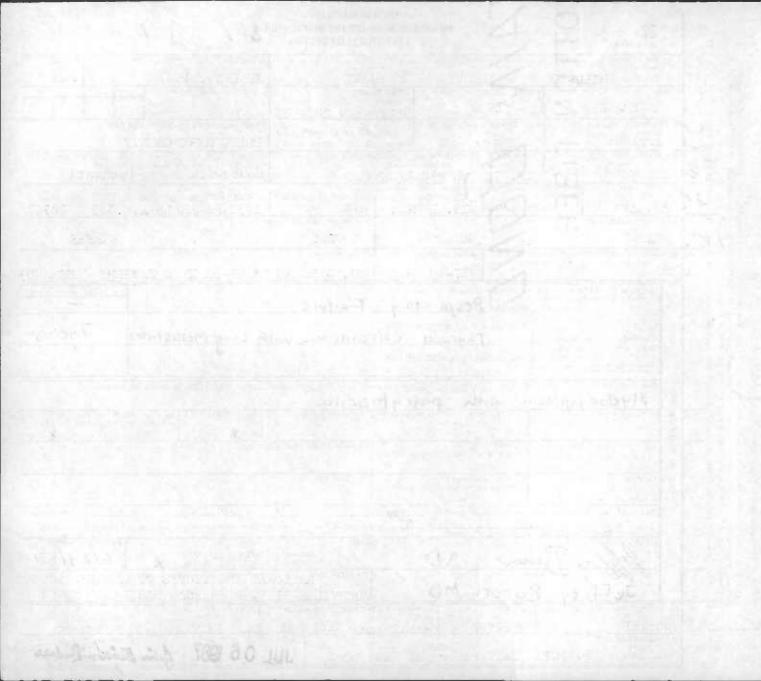
onal CEM. SUITLAND PG. MARYLA
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 0, 6 1987 Washington National 24 FUNERAL DIRECTOR 2617 Pa Ave SE Wash DC ALEXANDER S. POPE

ROCKVILLE

ATTENDING

Julia Diridor Rondallo



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

		Female Caucasian BIRTHPLACE MARTE OF FOREIGN COUNTRY ennsylvania USA CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, N		CENTIL	TCATE OF DEATH	REG. NO.					
Ī				MIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR	
	TYPE			S.	N	athan	Jun	18. 30	1987	0805 am	
3	SEX		4 RACE		5 DATE		6. AGE (IN YEARS)	AST BIRTHDAY)	IF INDER I YEAR		
		Female	Caucas	ian	Jan.	9,1 ⁹ 03	84	YRS	MUNITO DATS	HOURS MIN	
7			16 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
1			USA	LICTRO II	WIDOWI		Mont	gomes	T.V.	MD	
1	0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCC			OF BUSINESS OR	
1	74	ethesda	Suhu	-ban H	105D	ital	Office .	Manager	Serb:	ih, Inc.	
+	130 S	AL RESIDENCE IN NURSING HOME OF		136 CITY OR TOWN		113d INSIDE CITY LIMITS?	13e.STREET ADDI	RESS / ZIP COI	DE		
1	Ma:	ryland Monto	omery	Rockvill	e	YES NXX	6121	Montro	se Rd.	2085	
1	4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		DLE	LA	47	
		William		Serbi	n	Anna	PASE		Colke		
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUE	RITY NO.	17 INFORMANT		DDRESS			
1	No	ES, NO OR UNKNOWN) (IF YES, GIT	E WAR OR DATES)	174 12	3628	Marilyn Bro	wn 15436.	Narcis kville,	sus Way	20853	
F		18. CAUSE OF DEATH Enter or				1	1.00	/		OMATE INTERVAL	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TERM	INAL DISEASE OR	20b IF Y	ES, WERE FINDI	NGS USED	
1	TIF						YES NO	Ž ·	YES 🗌	NO 🗌	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE C	SI METI NI YRULNI R	B PART 1 OR PART 21		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
		sow the deceased alive on above, (1) (1) (1) (1) (1)	6/4	9 19	87.0	nd that in (my) (aux) opinion o	death occurred on	the date and ha	our and from the	that (1) (we) lost	
		22h SIGNATURE &	house	en	M.	DE GREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE	SIGNED	
		ALAN S. C.	HANALE	P		27e ADDRESS 1528 SHA	DY GRO	I'VE RA	o Po	CKALL	
		URIAL, CREMATION, REMOVAL	July 2	,1987 Ki	ng Da	EMETERY OR CREMATORY vid Mem. Pk.	23d LOCATION Far1		h,Fäïrfa	ax Costate Va	
-	A EL	INFRAL DIRECTOR IVE	s Pearso	on Funera:	l Hom	les Isa DATE	F REC'D BY REGIS	TRARIZSE RECIS	STRAP'S SIGNA	TUPE	

Falls Church, Va. 22046

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

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MPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other troumotic event,

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	9.4	REGISTRAR				CERTIN	ICAIL OI	LAIII	REG	NO.		
		OR PRINT)	Ruth		M.	Å	relliga	n	June	11,	1987	5:00 p
	3. SEX	emale		Caucasi	an	5 DATE O		1908	6 AGE LIN YEARS LAST	BIRTHDAY) YRS	WONTHS DATE	HOURS MIN.
3	C	RTHPLACE 1814 COUNTRY)	TE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER	WARRIED	9 BALTIMORE CIT	mery	TY OF DEATH	MÐ.
2	W	iyoriowno Iheaton_		Unive	HOSPITAL, NURS HFACILITY, GIVE STREE TSITY NO	using	Home		120 USUAL OCCUP LITYPE OF WORK FOR MO Rehabil.	ST OF WORKING	LIFE) INDUSTRY	. Govt.
9	130. S Ma	ryland	13b COU		GIVE RESIDENCE BEFO 130 CITY OR TO! Kensings	WN	13d INSIDE C	NO 🗌		s/zipco	ty Blud.	W. 20895
Š	9	James		D.	O'Nes		Lu	s MAIDEN NAM	MIDDLI	DRESS	Jon	es
		VAS DECEASED VES NO OR UNKNOW NO		RMED FORCES? VE WAR OR DATES)	564-09-		Franci	s E. Ne		hus bar		e as #13
		Canditians, if gave rise to cause (a), underlying	IMMEDIA any, which immediate stating the	DUE TO, OF	LUNG R AS A CONSEON	UENCE OF	TNCE	7<			JAN	
2	CERTIFICATION	PART 2 OTHER			DNTRIBUTING TO				200 AUTOPSY?	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED
1	MEDICAL CERT	21d INJURY OC	CAUSE OF DE	ATH HOUR A./ R) P./ 21e PLACE (M. MONTH [M.	19	211 LOCATION STREET		ED (ENTER NATURE OF I			STATE
		spw the de abave, (1)	ceased alive pr	ot view the bady	UNE 19	87 ar	DEGREE	ATTENDING PHYSICIAN	, ta, ta eath accurred an the	TAFF	aur and fram the	that (I) (we last causes stated SIGNED SUME 8)
			ter E.	Goozh, M	1, D.			horefie	eld Rd., W	heator	n, Md. 2	0902
	Bu	URIAL, CREMAT SPECIFY) UNERAL DIRECTO			,1987 Ga	ite of	Heaven	Cemete	23d LOCATION CITY OF TOWN TY SILVET REC'D. BY REGISTR	Spriv	STRAR'S SIGNAT	gomery Mo
	500	NAME		vd. West			ng, Md.	209011	JN 1-8 109	7	lia Divider	n. Randalla

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked ar Item 18 shows any

FIND & BHILLERS LA AMEN LO DESCRIPTION

OR ATTENDING PHYSICIAN: The low

	FOR
-	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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1		1	0	3	
REG. NO.					

NLO1.	IRAR				AIL OI PLAIII	RE	G. NO.			
1 DECEASED		T A	AIDDLE	LASI		20 DATE OF DEA	HINOM HI	DAY YEAR	2h HOUR	
, JI	Blan	che	A.	Nel	son	Jui	ne 5, 19	87	2:15A	
3 SEX		4 RACE	5.	DATE OF		6 AGE IN YEARS L	AST BIRTHDAY)	IF INDER YEAR		
Fer	nale	White		Sept	24, 1909	77	YRS	MONINS DAIS	HOURS MI	
70 BIRTHPLA	CE ATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	A A PRIED	NEVER MARRIED X	9 BALTIMORE C	TY OR COUNTY	OF DEATH		
	Dakota	U.S.A		IDOWED !		Montgo	omery			
	TOWN OF DEATH		OSPITAL, NURSING H		OTHER INSTITUTION	12a USUAL OCCI	JPATION	12h KIND (OF BUSINESS	
	r Spring	Althea	Woodland N	Nursi:	ng Home	Fed.Adj	nost of working Lif adicator	126 KIND (INDUSTRY	Gov't	
130 STATE	13b C	ontgomery	GIVE RESIDENCE BEFORE ADM 134 CITY OR TOWN Silver Spr	113	INSIDE CITY LIMITS?	13e STREET ADDR	ess / ZIP CODE	e Rd./2	20902	
14 FATHER'S	NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN NA		DIF		.,	
All	oin	F.	Nelson		Anna		anna	Egeb	erg	
	CEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY	Y NO. 1	INFORMANT	1220	10 Brook	haven I	rive	
No		S GIVE WAN ON DATES!	577-40-45	517	Lloyd A. Nel	son, Sil	ver Spri	ng, MD	20902	
18 CA	USE OF DEATH Ent	er only one couse per	line for ia , b , and c	0.5				APPROX	ONSET AND DEAT	
	PART I. DEATH WAS CAUSE DY METASTATIC CATCINOMA									
	Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Adenocarcine Ovary 7 year									
unde	cause (o), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G							EN IN PART 1	0	
CERTIFICATION 130 DV	TE OF OPERATION	196 CONDI	TION FOR WHICH OPE	ERATION	VAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?			
21a. AG	CCIDENT WAS UNDERLYIN			2	IC HOW INJURY OCCURR		-9%		,,,,	
00.00	NTRIBUTING CAUSE OF	DE DEATH		YEAR						
_	JURY OCCURRED	21e PLACE C	OF INJURY	2	1 LOCATION		-	COUNTY		
	WHILE NOT WHILE (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN								STATE	
220 1	ertify that (1) (this)	nospital) attended the	deceosed from	117	19 20	to6_	15		that (I) (we) l	
so	w the deceased ofive ove, (1) (we) (did) (did)	e on 5/13/2		7_, and 1	hat in (my) (our) opinion o	death occurred on	the date and hour	r ond from the	causes stated	
	GNATURE	appert		MA	ATTENDING PHYSICIAN IS	MEDICAL ↑ DIRECTOR □ PH	STAFF HYSICIAN []	6/5	SIGNED 7	
22d PH	UBERT S		EKT M.	2		FENT		MO :	20910	
230 BURIAL, (SPECIFY)	CREMATION, REMO		23c NAM	E OF CEM	ETERY OR CREMATORY	23d. LOCATION	I VN	COUNTY	ST	

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IMPORTANT: If Item 21 is morked or Item 18 stows ony injury, or other troumotic TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Menial Hygiene prior to burial, cremation.

DHMH - 16 60M 7/84 (VRA 15, 4)

Joseph Gawler's Sons, Inc. Cremation
24 FUNERAL DIRECTOR

5130 Wisconsin Ave, NW, Washington, D.C. 20016

BY REGISTRAN DUNGSTRAN SIGN TURE

June 5, 1987 .: 17.	mosia	. A esto	mis V
	Sept. 24, 1909 L	02.A	o Larry V
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STATE OF MARYLAND 57565 33 25 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Gail Marilyn DEATH MATED Newman 6/ 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR AST BIRTHDAY PRONOUNCED 8:45 Jan. 10, 1940 Female Black DEAD 21/ 1987 TO BIRTHPLACE INTALE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery County, 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK D CITY OR TOWN OF DEATH 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY 11406 Fairoaks Drive Home Silver Spring 134 INSIDE CITY LIMITS? 136 STREET ADDRESS Fairoak Montgomery Silver Springyes X NO 1406 Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH PROCED THE CERTIFICATE, WRITING THE WARD PRODING" IN PENCIL IN ITEM 18. GIVE PAGES PAGES 4 SHOULD BE FORWARDED TO THE CHIE MEDICAL EXAMINER ALONG WITH FORM INTO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HALLIH AND MENTAL HYGIERE, DIVISION OF WITH BALTER DEATH, WITH THE STATE DEPARTMENT OF HALLIH AND MENTAL HYGIERE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PROR TO BURIAL CREMATION, OR REMOVAL. Mary L. Smith Newman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 2735 Sutton Rd. Vienna, Va. 22180 578-54-8309 Tamrah Hansborough No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES T NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING BOR HOUR AND MONTH DAY YEAR 6/21/1087 subject hanged self ? P.M. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 11406 Fairoaks Dr., Silver Spring, Montg., home 220. I certify that I took charge of the remains and build bove, held on Inspection Inquiry and in my opinion X deoth resulted from Notural causes Undetermined monner TITLE (SPECIFY) DATE SIGNED 6/22/87 Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. TYPE OR PRINT Penn St. ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Nat.Mem.Park June, 25,87 Church, Va. 07/84 24 FUNERAL DIRECTOR 8914 Quarry Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Manassas, Va. (VR A15 ME (5))

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	0 01						ICATE OF DEATH	F	REG. NO.		
- 1		ASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DE		DAY YEAR	26 HOUR
	(TYPE OI	PRINT)	Ethel		L.	Nic	cholas	13117	June	9,1987	5:15a M
	3. SEX			4 RACE		5. DATE O		& AGE (IN YEARS	LAST BIRTHOAY)	IF UNDER TYEAR	
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15		HPLACE (STA	ATE OF FOREIGN	76 CITIZEN OI	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
	-	ece		United	States	WIDOWI		Montgon	mery Co	unty	M
0	Bet	or town o hesda		Fernwa	od House	ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCC (TYPE OF WORK FOR Housewi	MOST OF WORKIN	OWN	
5	13a STA		136 COUN		13c. CITY OR TOW Bethesda		13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADD 6616 Ra		ode oad, 208	17
0		eter		MIDDLE	Leanos		15 MOTHER'S MAIDENNA FIRST Margare	Mi	oole un	known	AST
10		S DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		
	no	NOORUNKNOW	VIN) (IF YES, GIV	E WAR OR DATES)	042 26 69	17A	Eleanor N. La	ikas, see	#13		
	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY								APPRO BETWEEN	XIMATE INTERVAL	
		Conditions, if		DUE TO,	or as a conseous		cebral Vascula	r Accide	nt	1mme	diate
		gove rise to couse of, underlying	immediate stating the	(b)_ DUE TO, (DR AS A CONSEQUE	ENCE OF					
2	TIFICATION 61	gove rise to couse 101, underlying ART 2 OTHER Gene a. DATE OF O	o immediate stating the couse lost. R SIGNIFICANT (PERATION	DUE TO, (c)CONDITIONS CONDITIONS CONDI	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM PVIOUS Stroke N WAS PERFORMED	20a AUTOPSY	? 20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE YES	INGS USED
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29	MEDICAL CERTIFICATION	gove rise to couse 101, underlying ART 2 OTHER Gene a DATE OF O 10. ACCIDENT W DR CONTRIBUTING (IF EITHER NOTH IN JURY OC	immediate stating the couse lost. SIGNIFICANT (PERATION AS UNDERLYING G CAUSE OF DE- LY MEDICAL EXAMINER	DUE TO, (c)	CONTRIBUTING TO DE CONTRIBUTING TO DECENTRADOR DE CONTRIBUTING TO DE CONTRIBUTING TO DECENTRADOR DE CONTRIBUTION DE CONTRIBUTI	S Pre OPERATIO AY YEAR 19	Pvious Stroke IN WAS PERFORMED	200 AUTOPSY YES NO	? ZOB. IF	YES, WERE FIND RTIFYING CAUSE YES [INGS USED S OF DEATH?
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287	MEDICAL CERTIFICATION	gove rise to couse o), underlying ART 2 OTHER Gens B. DATE OF O I. ACCIDENT W. R. CONTRIBUTING (IF EITHER NOTIF I. MORK TOORK T	Dimmediate stating the couse lost. RESIGNIFICANT (PERATION AS UNDERLYING CAUSE OF DELY MEDICAL EXAMINES COURRED AT WORK NOT WHILE AT WORK NOT (1) (this hospi	DUE TO. (c) CONDITIONS C Arter 19b CONT 19	CONTRIBUTING TO DE LOS LA CONTRIBUTING TO DE LOS	DEATH BUT S Pre OPERATIO AY YEAR 19 ARM. ETC.)	211 LOCATION STREET 13 , 19 84 and that in (my) (our) opinion DEGREE	20a AUTOPSY YES NO RED (ENTER NATURE CIT deoth occurred on MEDICAL DIRECTOR 1	206. IF IN CEI IN CEI IN OF INJURY IN ITEM IY OR TOWN IT OR TOWN STAFF PHYSICIAN	YES, WERE FIND RTIFYING CAUSE YES COUNTY 19 87 hour and from the	STATE that (I) (we) lost e causes stated E SIGNED 9, 1987

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

DHMH - 16 60M 7/84 (VRA 15, 4)

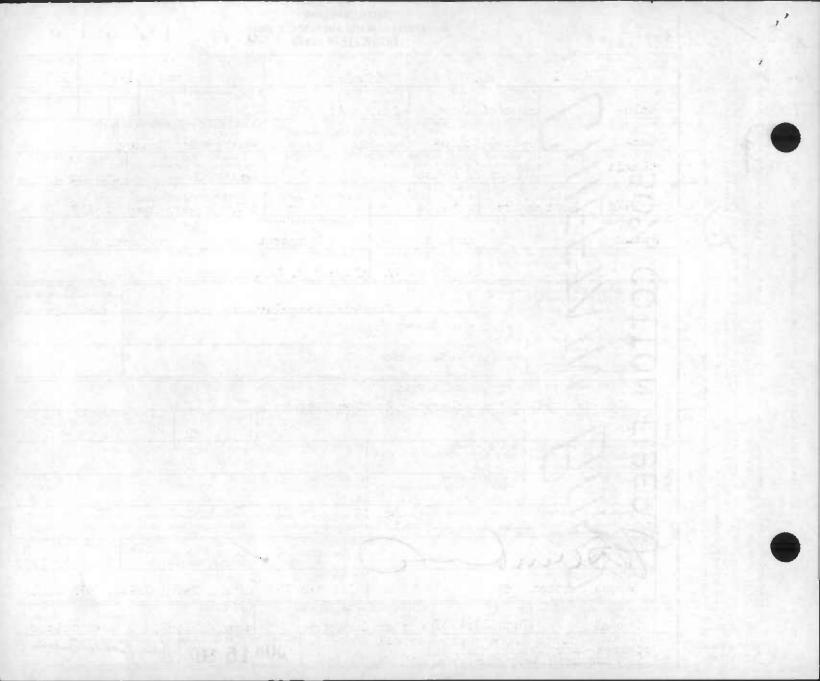
Burial Puneral Director Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. ADDRESS 7557 Wisconsin Av., Bethesda, Md. 20814

June 12,1987 Center Cemetery

New Milford Connecticut

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR S 6 IGNATURE

1087 July Dender Radius



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

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may be

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	-

_	REGISTRAR				CERTIF	CATE OF DEATH	REG	NO.		
	ECEASED NAME	FIRST	/	MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(14)	PE OR PRINT)	Elsa			Nor	ling	June	24, 19	987	9:10
3. SI	EX		RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HI
	Female		White		Apr	. 8, 1904 AR	83	YRS	MONTHS DAYS	HOURS MI
7a. E	BIRTHPLACE (STATE OF	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	Sweden		U.S.	A.	WIDOWE		Montgom	ery		
1 10 0	Olney	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET OMERY GET		POTHER INSTITUTION	17ª USUAL OCCUP (TYPE OF WORK FOR MO) Homemal	TOF WORKING LI		F BUSINESS (
	JAL RESIDENCE IN NUR STATE MD	13b COUN	other institution by gomery	GIVE RESIDENCE BEFORE 134 CITY OR TOW Silver	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRES			006
DIL.F	ATHER'S NAME FIRST	N	NIDDLE	Ankar]	loo	15 MOTHER'S MAIDEN NA FIRST Charlott	MIDDLE		Ryla	nder
160	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADI	DRESS		
	(YESNOOR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-46-9	724	Birger Norl	ing Same	as # 13	3	
CERTIFICATION	Conditions, if any gove rise to im couse 10 , state underlying cous	mediate ng the e last	ONDITIONS CO	7. 7	DEATH BUT	NOT RELATED TO THE TERM	700 AUTOPSY?	20b. IF YE	VEN IN PART 110 S, WERE FINDIN FYING CAUSES	IGS USED
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A	WHILE IN NOT W	THILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OF	TOWN	COUNTY	STATE
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	Russell			I.D.		4701 MA AV	e. NW Wash	. DC 2	20016	
73a	BURIAL, CREMATION (SPECIEV) Burial			236 1		EMETERY OR CREMATORY on Cem.	73d LOCATION	lle, MI		STATE
24	FUNERAL DIRECTOR	***		sh., DC		JINDA	9 1987	AR 25b REGIS	RAP'S A CALL	Ma i

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m 5		CEASED NAME	FIRST	MIDDLE	010	AST	24 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 8
y be		Mary		- 0	, DO	y18	June	: 19	87	10pm
m . bo	3 SE	X	4 RACE		5. DATE C	DIN III	6. AGE (IN YEARS LAST BIR	THDAY) IF O	NDER FEAR	IF UNDER 24 HPS
ge 4	I F	emale	Caucasi	an		ember 16 1922	64	YRS		
5 33/02/	7a B	IRTHPLACE STATE OR FOR	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	C+. U
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10117	10 0	ITY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, NURSING CH FACILITY, GIVE STREET	ADDRESS]	ROTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF	F BUSINESS OR
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M 有 野ノ産ブ	14 F	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
AM 1 1/20	11	loyd	Lewis	Fell		Margueri			Kr	aus
ORE THE STATE OF T		WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.		usband ADDRE			
WILL A ST T		no		340-22-	9122	Paul J. O'Boy	le san	ne as 13		
BAL cott	1	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one cause per	r line for (a , (b) an	de la			7-E1-6	71.	MATE INTERVAL
ST.			AMEDIATE CAUSE (a)	42X2	10/18				14/4	Me
NO # PA	1		DUE TO, O	R ASA CONSEDU	ENCE OF		he la hat		20	laus
RESI	1	Canditions, if any, v		HC4 te	- (V	yo cardial	marci		20	lugs
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The loss requires that the design of the control property of the other control physician. After this certificate has been substituted by the other design physician control physician os the buriol-frontist permit the reference of the other physician control physician		couse (a), stating underlying cause	the DUFTO O	RAS A CONSEOU		Autom)	SPASE		VPC	245
00 th 100			(c)	Comma		Brury 3				
DS, 2	Z	PART 2 OTHER SIGNIF	CANT CONDITIONS C	ON I KIROLING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I a	
0 1	CERTIFICATION	190 DATE OF OPERATIO	DN 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
L REG	F						YES NON	IN CERTIFYING		
VITA N: Th ysscio cote cote Hygie Hygie	1 18	21a. ACCIDENT WAS UNDER				21c. HOW INJURY OCCURE			OR PART 2)	
SICIAN ng phy certific unial-tre ental Herm		OR CONTRIBUTING CAL		.M. MONTH D.	AY YEAR					
PHYSICIA PHYSICIA this certifi the burial-th ad Mental	MEDICAL	214 INJURY OCCURRE	21e PLACE	OF INJURY		211 LOCATION			COLUTY	
NG Ph offer th os the th and orked	Z	WHILE NOT WHILE	[AT HOME ST	REET FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
DIN OF SECOND IN THE PROPERTY OF SECOND IN T			his haspital) attended th	ne deceased fram_	-6	117 1987	to 6/1	1 196	87	hat (I/(we) last
TTEN putoll TOR for u	Γ.	saw the deceased	alive on	gatter death 19	1	d that in (aur) apinian o	leath accurred on the do	ate and hour on	d fram the c	auses stated
OR ATTI		376 SIGNATURE		e		EGREE			22c DATE	IGNED
14 14 5		Hewale	15	3 spoll	/	ATTENDING PHYSICIAN	MEDICAL STAF		6/	17/0/
SPIT d by NER be c Stc	1	224 THE SICIAN'S NAM	E (TYPE OR PRINT)	2	1	The ADDRESS 103	13 Georg	119 5	VA	
O HOSPITA O HOSPITA TO FUNERA should be d with the Sto		Henne	au B	Sega	-	SILVER SI	strug R	arxlan	d 2	20902
5 5 5 % X		BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d LOCATION	1	Cun III	
BP		(SPECIFY) buria	l June23	,1987 F	arkla	wn	Rochville	Mont	gomeri	Un MD
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR FT	ancis J. Co.	llins Jr		250 DAU		256 REGISTRAR		
(VRA 15, 4)	50	O Universit	y Blud. W S	ilver Spr	ing.	MD 20901		Y		

MATE

DECEASED NAME

TYPE OR PRINT

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

that (I (we) lost

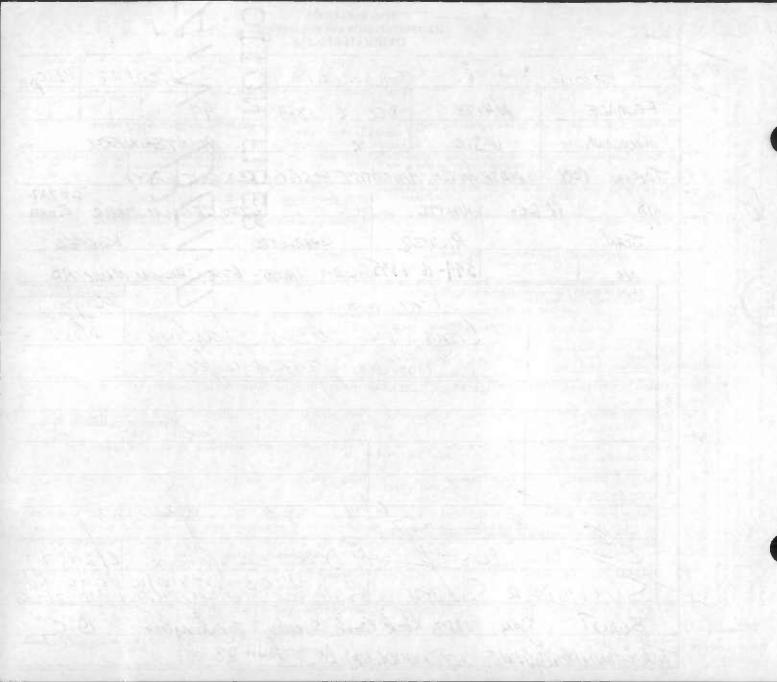
THE DAME SIGNED

20782

INDUSTRY

YES |

20 DATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN *OESTEREICH* HELENE (TYPE OR PRINT) HOURS DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUR NEVER MARRIED COUNTRY USA Germany DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION own home Housewife 113e STREET ADDRESS Arbor View Rd. 20902 14 FATHER'S NAME Schoppler Lina Ludwig 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT N/A (IF YES, GIVE WAR OR DATES) 514-32-2185 -husband-(same as 13e) Orlyn Oestereich 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a) stating the under-S A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19 CERTIFICATION Non 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection A Autapsy and in my opinion PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Natural couses Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 6-30-1987 Arlington National Arlington Virginia Burial 07/84 BP. Hines/Rinaldi Funeral Home Sil. Spr. Md. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
CERTIFICATE OF DEATH	0					

20 DATE OF DEATH MONTH DAY 6 AGE (IN YEARS LAST BIRTHDAY)

6 1899YEAR TO BIRTHPLACE TATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED

Montgomery 26 KIND OF BUSINESS OR INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

87

Housewife

13e.STREET ADDRESS / ZIP CODE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Adventist Hospital Takoma Park ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE A 136 COUNTY

USA

13d INSIDE CITY LIMITS? NOXX 15 MOTHER'S MAIDEN NAME

Mary

RD5 Box 68 9947 O'Malley

Silas Soper 60 WAS DECEASED EVER IN U.S ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Sussex

MIDDLE

FIRST

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT

Maryland

O CITY OR TOWN OF DEATH

Delaware

14. FATHER'S NAME

no

CERTIFICATION

MEDICAL

ä

0

00

0

3 SEX

poge 3

166 SOCIAL SECURITY NO. 216-12-271d

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Georgetown

ADDRESS 17 INFORMANT Gorman Bond

same as 13e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Conditions, if ony, which gove rise to immediate couse to, stoting the underlying cause lost

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

216 TIME OF INJURY 2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR PM

(AT HOME, STREET FACTORY, OFFICE, FARM ETC.)

21e PLACE OF INJURY

NO 1 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO T

Home

220.1 certify that (1) (this hospital) attended, the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body ofter death.

211 LOCATION STREET

DEGREE

CITY OR TOWN COUNTY

20b IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

226. SIGNATURE

ATTENDING PHYSICIAN 22e ADDRESS

STAFF

2. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

200 AUTOPSY?

22c. DATE SIGNED

NOT WHILE

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE

TVY HITT CEMEN

Laure1

MOTATE

7601 Sandy Spring Road Funeral Home, Inc. Laurel, Md. 20707

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Devideon. Randally

DHMH - 16 50M 7/84 (VRA 15, 4)

STATE OF THE STATE

058023

filled in by the funeral director, page 3 gald be filed within 72 haurs ofter death

been signed by the attending physicion and comit. Then please remove corbonpapers. Pages 1 prior to buriol, cremation, or removol. injury, or other traumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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/	1		0	acust.	10000

JUN 3	1-	FOR STATE REGISTRAR		DEPARTA		CATE OF DI		IENS /	1 7	8 2	2
		CEASED NAME FIRST LOCAL TO THE CORPRINT!	h "	AIDDLE H	C	Issor)	20 DATE OF DEATH		AV YEAR 5 87	26. HOUR
	3. SE	Female	4 RACE	hite	S. DATE O	F BIRTH DAY 29	YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2 Jones		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER M	ARRIED ORCED	9 BALTIMORE CITY C	RCOUNTY	,	MD.
8	10. C	iver Spring	11. NAME OF H	HOSPITAL, NURSIN		Hospit	a	12a USUAL OCCUPAY (TYPE OF WORK FOR MOST OF Teacher	ON OF WORKING LIFE)	INDUSTRY	g. County
35	13a S	AL RESIDENCE IN MURSING HOMEO STATE 136 COU MON		GIVE RESIDENCE BEFORE			NO 🗌	13e STREET ADDRESS	/	2	20904
40	14 FA	ATHER'S NAME FIRST Alvin	MIDDLE S.	Mac Ne	il /	F	MAIDEN NAM	MIDDLE		last Yo1	Lton
medicol			RMED FORCES?	147-28-		John l		son-husband			
r other traumotic event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	ENCE OF	ix (me	tasta	tic)		SETWEEN O	MATE INTERVAL NSET AND DEATH
injury, o	VIION	PART 2 OTHER SIGNIFICANT VEW US 190 DATE OF OPERATION	ignene t	DATE BUTING TO DE	15			INAL DISEASE OR CON		N IN PART I O	
2	CERTIFICATION)	3 148 CONDI	TON FOR WHICH	GPERATION	WAS PERFOR	MED	YES NO		ING CAUSES	
Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P./	M. MONTH DA	AY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION	~ <u> </u>	CITY OR TO	wn .	COUNTY	STATE
em 21 is m		22a certify that (1) (this hosp sow the deceased alive or above, (1) (we) did) (did no 22b. SIGN 1111	6/25	19.		d that in (my) (aur) opinion o	death occurred on the d	ote and hour		
ANT.		22d PHYSICIAN'S NAME LIVE	OR PRINTIN	buis			TENDING HYSICIAN		IAN []	6/2	5/87
MPORTANI		Louis Kozi	OFF, M	(.D.			BETH	ESDA, MD	209	314	
	23a 8	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	6-29-1	987	Metrop	METERY OR CI	REMATORY	23d LOCATION CITY OF TOWN	daio	COUNTY	STATE

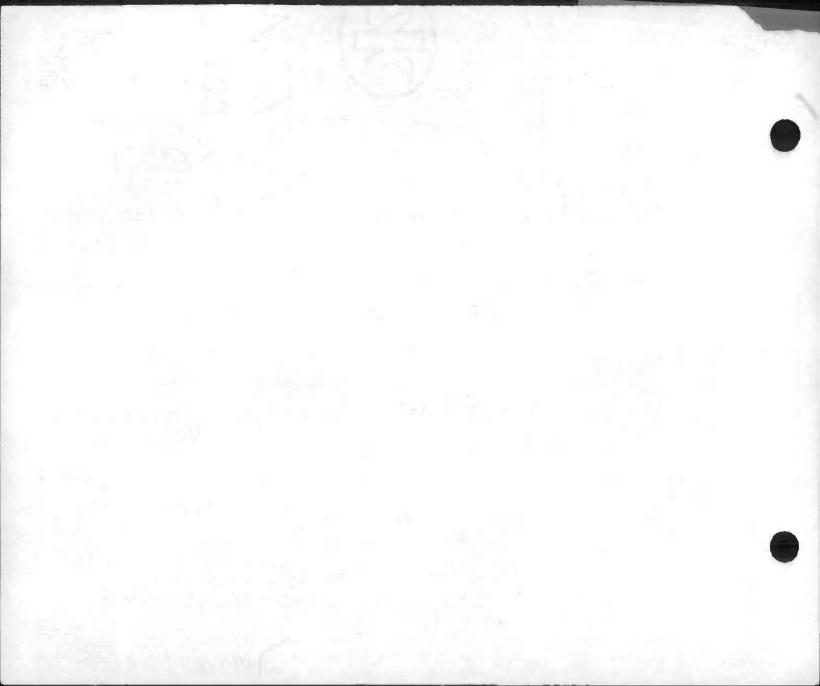
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING

24 FUNERAL DIRECTOR 11800 N.H. Ave. Md. Hines/Rinaldi Funeral Home

BY REGISTRAN 256 REGISTRAN'S SIGNATURE 25a DATE REC D.



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

y ~	-	2	1 DEC	EASED NAME SIRV	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
	- FY	- 7	TYPE	OR PRINTI FLORENCE	GOLDSTEIN		ORIES	10-	11 67	n D
4	2.5							0-	11-818:5	OM
1	43 /	2	3. SE)		FACE	5 DATE OF		6 AGE IN YEARS LAST BIRTHDAY)	MONTHS BATS HOURS	MIN.
E.	800	10	-	EMALE	WHITE	MÄŸTH	8 1914	73 YRS.		
6	32/	8/3		RTHPLACE IS ATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
100	110	1/	N	EW "JERSEY	U. S. A.	WIDOWED		Montgo	meny	MD
9	11/	S DU	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION	CREDITUBUR	EAU
\$	13/	7	1	akom a Part	(IF NOT IN SUCH FACILITY, GIVE STREET A		sentuT Ho:	COLLECTOR	INC.	
1	5 6	1	USUA	L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)				
77	38/	5 0	130 5	TATE 136 COUN	3. Gen. Silve	- Spd	138 INSIDE CITY LIMITS?	8338 12th Al	ENUE 209	03
1	13	-	14 FA	THER'S NAME	, C CD 1 - 110.		5 MOTHER'S MAIDEN NAM	and the second s		-
1	11/	10	J,	ACOB IRST	GO'L'DST	EIN	ANNÁIRST	WIDDLE	TEPPER	
1 /	1357	T W		AS DECEASED EVER IN U.S. ARA				21 NADDRIBED A		E
	200	20	N		138-03-5	295	PAUL W. OR	IES, MID LOTHIAM	I UTDOTATA	L
8	and a	1	14			275		IES, MID LOTHIAN	, VIRGINIA	
onte	a de la composição de l	-		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	y ane couse per line for (a), (b), and BY:	C			BETWEEN ONSET AND DE	ATH
ertific	g ph lon p	eve			ECAUSE 10) CARDIA	C /1	RRGST			
th ce	corb	2 potion			DUE TO, OR AS A CONSEQUE		1	0,		
deo	ove	5		Conditions, if ony, which gove rise to immediate	(16) SGVG-LO	-	Acidosis_	, KENAL		
the the	the rem	Ser t		cause (a), stating the	DUE TO, OR AS A GONSEQUE	NCE OF	Pin	1/ 1.		
thot	0	£ 3		underlying cause last.	10 FITTURE	4	TERIPHERAL	HEULAR DISEAS	6	
3	n pl	ر م	_	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D			MAL DISEASE OR CONDITION GI		
90	The	2	CERTIFICATION	DISSECTING	ANGURYSM			a+ Laye & Muri	ysmy/tseau	dus
3	be be	P C	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		S, WERE FINDINGS USED	olta
he l	ho o	S S	TIE	6/11/81	HNOURYSM & D.	ISSECT1	ON- HORTH	/	ES NO	Mich
N. T	cote ron Hyg	2 6	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}	
CIA	ntol ntol	E	AL	OR CONTRIBUTING CAUSE OF DEA	***	19				
HYS	bur Me	5 0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR LOWN	COUNTY STAT	TE
G P	s the	P P	Σ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM EIC J	/	/		
Zo	se o	() B			ol) ottended the deceased from	6	110 19.87	. to 6/11	19.87 that (1) (we) lost
A of	OF He	2 5		sow the deceased alive on	6/11 198	ond,	that in (my) (our) opinion d	eath occurred on the date and ha	ur and from the causes state	ed .
A A I	REC ped f	E B		77b SIGNATURE	new the body offer death.	DI	EGREE		221. DATE SIGNED	-
the O	toch e De	±		Seller Rel	11/	M.	ATTENDING	MEDICAL STAFF	6-11	.87
PITA	ERA Stot	T		27d. PHYSICIAN'S NAME ATTER	PRINT)		22e ADDRESS IN 3/19	3 (-FORGIA	All	/
OP	Par Par	5	1	SAMIR	NGMAT, 40		Simon	011/ 1/1/ 2	0902	
9	5 8 2 5 E	\$	22 0				METERY OR CREMATORY	123d. LOCATION	0102	
25	N	1		URIAL, CREMATION, REMOVAL				CITY OR TOWN	COUNTY STAT	TE
BP_		0-						GARDEN FALLS C		VIA
	- 16 60M	- Contract		11115				1 6 1987 Julia D	colder Render	
(V	RA 15, 4)		4.	LAKKULL SIKE	ET, N. W., WASHIN	NOTUN,	D. C. JUN	16 1981 Julia D		

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FOR

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EPARTMEN	TOF	HE	ALTH	AND	MENTAL	HYGIE

NE

, i	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG NO	0	/ 0	- 1 · 1
	CEASED NAME OR PRINT)	FIRST	ale	S.	07	rro	20 DATE OF DEATH	MONTH D	87	1650N
3. SE)	Femal	0 1	Care	ensin	S DATE C	DAY YEAR	6 AGE (IN YEAR LESS IN	_	IF UNDER YEAR	HOURS MIN.
	RTHPLACE (STATE OFF	OREIGN 7	CITIZEN OF	WHAT COUNTR		D venes masses D	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Cexas		United	States	WIDOWE	ZX	Montgomer	v Coun	± 37	WD
10 CI	TY OR TOWN OF DEA		I. NAME OF I	HEACILITY, GIVE STE	SING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING LIFE	126 KIND C	OF BUSINESS OR
-	Bethesda			an Hospi			Homemaker		Own H	lome
13a S	al residence (15 nurs State Maryland	136 COUNT		13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 10506 Gree		s Driv	re/20903
14 FA	THER'S NAME		DDLE	LAST		15 MOTHER'S MAIDEN NAM				
٠.	Joseph		B.	Simmo	ons	Rachel.	WIDDLE	R	ounds	51
	VAS DECEASED EVER			166 SOCIAL SE		17 INFORMANT	ADDRE		Ounds	
	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	357-42-	-4646	Gilbert F. O	tto, Same a	s # 13		
Z	Conditions, if ony, gove rise to immediate (o), stoting underlying couse	nediote g the lost	(b) DUE TO, OI	R AS A CONSECUTION TRIBUTING T	DUENCE OF	NOT RELATED TO THE TERM	Inal Disease or coni	DITION GIVE	3 L	aip
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING [((IF EITHER NOTIFY MEDIA 21d. INJURY OCCURR	CALEXAMINER)	P.J	M. MONTH M.	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR		RT I OR PART 2}	STATE
<	22a. I certify that (I)	RK -			-	Pa 1985	1 d	ato.	9	that (I) (We) last
	sow the decease above, (1) (wel) (c	ed olive on _ did) (did not)	view the body	arte death.		nd that in (my) (and opinion o	deoth occurred on the do	ate and hour	ond from the	
	This	n 1	how	l n	20		MEDICAL STAF	F IAN 🗌	4/	8/87
	Thos.	G. M	VARD	MO.	6116	Robertas	& Be the	she	2081	17
	SURIAL, CREMATION,	REMOVAL	23b DATE	1987	31 NAME OF C	EMETERY OR CREMATORY	73d LOCATION CITY OR TOWN		COUNTY	STATE
	ansit-Buri	al	June 1.	I, V	Vorthhai	m Cemetery	Worthham		2001411	Texas

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the busid-stons in permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or Item 18 shows any

^{14 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home, Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814} (VRA 15, 4)

250 DATE PAC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Dender Ruder

241 19 2	
	Landa and Alexander

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buxial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

medical mamine

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FOR

STATE OF MAKILAND	STATE	OF	MARYLAND
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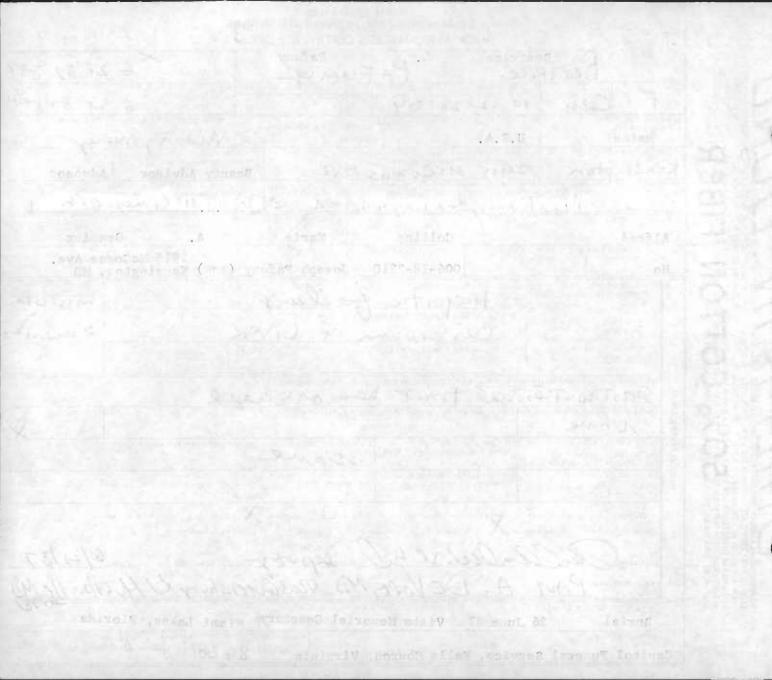
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	ĺ	7	3	2	
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-		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	, 0	Cas and
1		CEASED NAME FIRST		MIDDLE A.gne	es l	AS1	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	i LAME	CAT	HER	NE	OU	RAND	6-	25-	1987	IL Arry
1	3 SEX		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER YEAR	IF UNDER 24 HRS
	E	EMALE	Cauca	sian	4	-27-06	81	YRS		HOURS MIN.
-9		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OFDEATH	
		ooklyn, N.Y.	USA		WIDOWE		Montgome			MD.
	Ta	koma Park	Washi	ng ton "A	dven i	tist Hosp.	HOUSEWI		126 KIND C	PF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL		GIVE RESIDENCE BEFORE 134: CITY OR TOW Laure	N	13d INSIDE CITY LIMITS? YES NO	114956041	n ^{zip} sepe	eet 2	20707
1		THER'S NAME LUSTIN	WIDOLE	Mor	ris	Margaret	1.100.0		Of	wens
7			RMED FORCES?	579-03		17 INFORMANT 3 Charles Ou				la Dr.
		no		1		CHALLES OF	arana, or .	Walu		MATE INTERVAL
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, Q		HEI ECO EATH BUT	ART FAIL RONARY H	LIRE.	LSEA DITION GIVI	EN IN PART THE	4GS USED
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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t	10 C1	TY OR TOWN OF DEA	TH 11.	NAME OF	HOSPITAL, NURSIN	IG HOME C				AL OCCUPAT			F BUSINESS	_
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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked on TO FUNERAL DIRECTOR Afre should be detached for use as with the State Dept. of Health

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 236 DATE

23¢ NAME OF CEMETERY OR CREMATORY Crematory

Washington, District of Columbia

J. William Lee's Sons Company 24 FUNERAL DIRECTOR 300 4thSt.N.E. Washington, D.C. 20002

JUN 25 1987 Julia Distance Land

PAR MARKET STATE OF STATE

		1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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		1 DE	EASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN W MON H	DAY TEAR 26 HOUR
	ET. ET.	(1179)	Theod	lone E. PALCHO DEATH MATED [6	19 187 12 9
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ECC	OMS AND -	IOI	19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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OF VIT	5 0 7 0	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART)	
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ā	WRI WARD PAGE TATE 21201	2	WHILE NOT WHILE C		
			22a I certify that I took charg	e of the remains described above, held an Autopsy 🔲, Inspection 🔁, Inquiry 🔲, and in my apin	on
	MIN PER PER PER PER PER PER PER PER PER PER	2	death resulted from: Natur	ral causes , Accident , Suicide , Homicide , Undetermined manner .	
	CERTIF CERTIF CULD BE DIREC		ACTUAL D	OA Alling the (TULE SPECIFY)	1-19 87
	SHOW		SIGNATURE 2011	SIGNED.	6-17-01
	MEDICAL EXAMINER: CCUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNELAL DIRECTOR: FUNELAL DIRECTOR: MITH THE SHOULD BE AMERICAND,		EXAMINER'S NAME PAUL	A. DE VORE MDADDRES 4203 QUEENS but Rd Hyat	TSUIDO MI)
	TO MI EXECL PAGE TO FU BA	23a BU	IRIAL, CREMATION, REMOVAL	36 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION	STATE STATE
07/84	BP	(3		June 23, 1987 Gate of Heaven Silver Spring Mont	
25M	DHMH = 17		NAME Franci	S J. Collins, Jr. 1750. DATE REGISTRAR 1751. REGISTRAR S & IG	NATURE della
	(VR A15 ME (5))	50	O University Bl	vd., W Silver Spring, MD 20901 301 24 1907	

W. Caret day land W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME TYPE OR PRINTS ESPINA DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR 2c. DATE 98 LAST BIRTHDAY) DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Greece WIDOWED X MONTGUMERI 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOHOUSEWIFE own home 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS THORNSERRY LAW MIDNITENMERU 14 FATHER'S NAME MIDDLE Nicholas Katina Tsil's Lekatis 16h SOCIAL SECURITY NO. In WAS DECEASED EVER IN U.S. ARMED FORCES? Tim Theoharis-gr-son-(same as 13e) 212-14-3401 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BELAFEN ONSET AND DEATH PART I DEATH WAS CAUSED BY SUBARACHNOID HEMMORHAGO IMMEDIATE CAUSE (a Canditians, if any, which TERIOSCIEROTIC CEREBROVALULAR DUISALE gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL - T HEALTH AND MEN AL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I a HYPERTENNION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENC OF HEAGLISMORE, MARYLAND, 21201 PRIOR TO BURIAL, NONE YES -210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 210 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described obove, held an Autopsy Natural causes death resulted from-Hamicide EXAMINER'S NAME TYPE OR PRINT 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)Burial 7-1-1987 Washington, DC COUNTY Glenwood Cemetery 07.84 BP 250 DATEREC D. BY REGISTRAR 25 SIGNALAR CALCULAR 24 FUNERAL DIRECTOR HINES/Rinaldi Funeral DHome 11800 N.H. Ave. DHMH 17 (VR A15 ME (5)) Silver Spring, Md.

MALES OF B YEAR MANUFACTURE PLACE A CONTRACTOR AND PAN A. D. Lide 1800 "History Liver The State of the State

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DOROTHY RUTH ST. PALLEY JUNE 23 1987 3. SEX FEMALE CAUCASIAN CAUCASIAN To BIRTHPLACE (STATE OF FOREIGN COUNTRY) PHODE TSIAND LINITED STATES ADDIE LAST 20 DATE OF DEATH MONTH DAY YEAR 18 HONDER 24 HONDER 25 HONDER 24 HONDER 25		1 -	REGISTRAR			CERTIF	ICATE OF DEATH	O /	10.	0	0 0	
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FEMALE CAUCASIAN SEPTEMBER 15 1921 65 978 978		3. SEX	(4 RACE				6 AGE (IN YEARS LAST BE				
RHODE ISLAND UNITED STATES WOONED DONORCE MONTGOMERY COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING-HOME OR OTHER INSTITUTION (PRIOR SECURATION THE NUMBER COUNTY THE NUMBER COUNTY		FI	EMALE	CAUCAS	IAN			65	10.0	DACS	HOURS M	PNL
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ROMEO BERTRAND ROMEO BERTRAND)			NTGOMERY	POTOMAC				/ILWOOD	DRIVE	2085	4
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D. G. LITAKER, LT, MC, USNR 230 BURIAL, CREMATION, REMOVAL 236 DATE June 237 NAME OF CEMETERY OR CREMATORY 238 LOCATION COUNTY COUNT			N. M. W.	wie			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🗷	6-2	4-87	
D. G. LITAKER, LT, MC, USNR BETHESDA, MD 20814-5011 230 BURIAL, CREMATION, REMOVAL 235. DATE June 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION CHYOR TOWN COUNTY STATE 26, 1987 Gate of Heaven Silver Spring, Marylan 24 ROCK 47111 Robert A. Pumphrey Funeral Home 250 DATE REC'D, BY REGISTRAL STATE AND ADDRESS.	_		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		-	1220 ADDRESS		prod		100	
236 BURIAL, CREMATION, REMOVAL 236. DATE June Burial 26.1987 Gate of Heaven Silver Spring, Marylan 24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home 250 DATE REC.D. BY REGISTRAR 256			D. G. LIT.	AKER, LT, N	MC, USNR				814-501	1		
Burial 26,1987 Gate of Heaven Silver Spring, Marylan Rockey 111e bert A. Pumphrey Funeral Home 250 DATE REC'D, BY, BEGISTRAR 256, REGISTRAR 256 REGISTRAR 25				OVAL 236. DATE	Tune 23c N	AME OF C		23d LOCATION				
24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home 250 DATE REC'D BY BEGISTRAN 256 REGISTRAN SECURITIES.		(3	Burial			te c	of Heaven				rvlan	d
		24 FU	INERAL DIRECTOR Rob								BE	-
13VV HC3C PIONCE VIAVO. NOCK I I I C. PIII		30	0 West Mon					0 1 1001 0				

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MAPORTANT: If Hem 21 is marked at New 18 shows any injury, ar other traumotic event, the medical examiner must be no

FOR

rector, page 3

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed

retained by the hospital or attending physician.

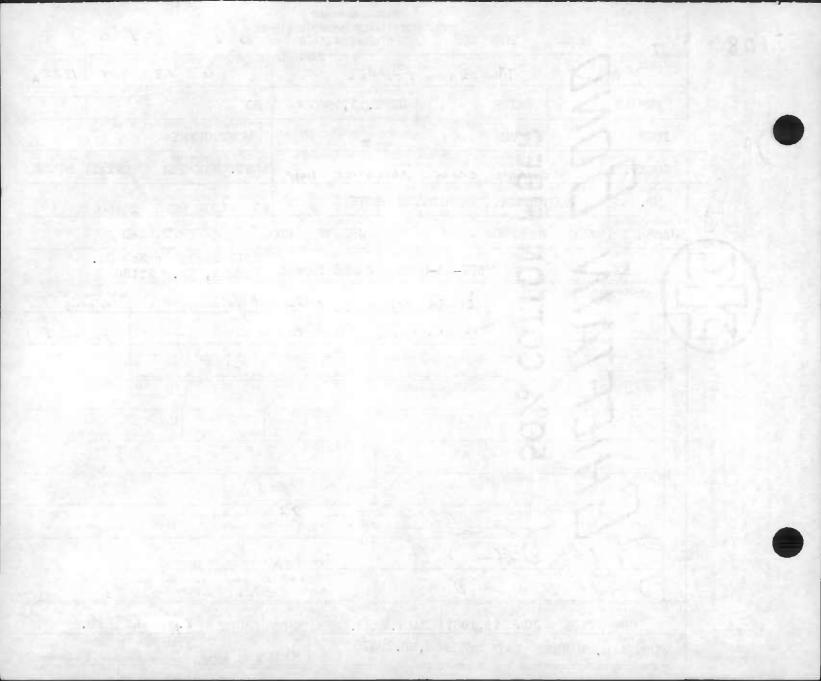
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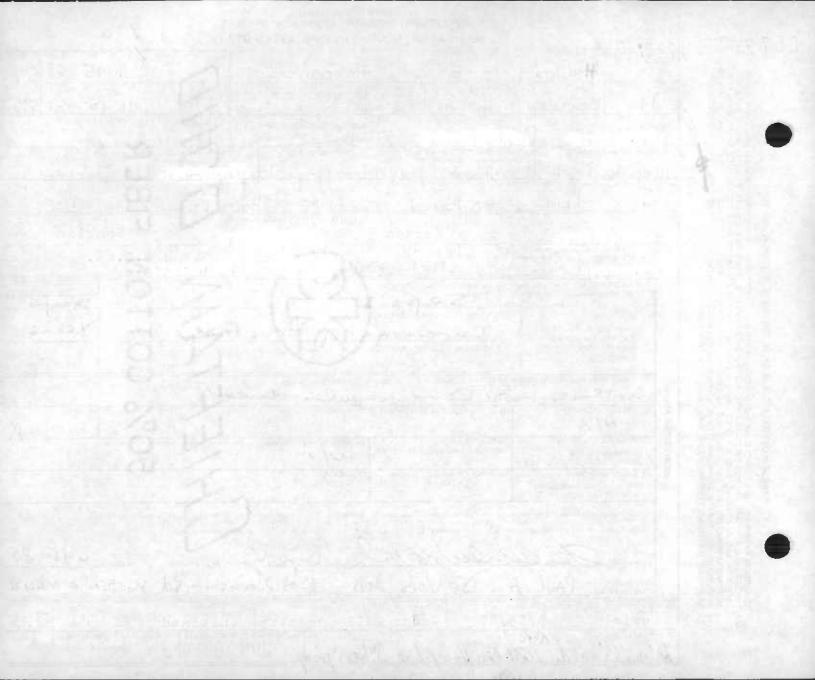
STATE OF MARYLAN	D
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3 SE	FEMALE	WHITE			6 AGE (IN YEARS LAST BIR	YRS.		UNDER 74 HRS
1	TOWA	76 CITIZEN OF WHAT COUNTRY?	WIDOWE	DIVORCED [OF DEATH	M
F	ROCKVILLE	SHADY CROVE	ADDRESS)		ASST. MANA	GER ING LIFE	RETAIL	
136.5	Mb. 136MO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE VIGOMERY 13 WASHING	TON GR	TES Z	#3 RIDGE		20880	
		THOMPSON				RITCHA	RD LAST	
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IFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	NG CAUSES OF	USED DEATH?
	OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DA	YEAR					
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	TATE
	sow the deceased alive of	19	onc	19 9 2 I that in (my Flour) opinion d	eoth occurred on the do	ate and hour o		(I (we) lost es stoted
	melel E.	Del he) 0	EGREE ATTENDING PHYSICIAN			22c. DATE SIGI	NED
	PAPHYSICIAN'S NAME (IVP	Diller, R. D.		22e ADDRESS 2901				
{	CREMATION			SH. CREMATORY	DITCIMUL			STATE
	INERAL DIRECTOR MURTEL H. BARB	ER LAYTONSVILLE,	MD . 208	1879 250. DATE		256 REGISTRA	R'S SIGNATURE	
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION 1 DE 14 EVA 14 EVA 14 EVA 15 EVA	TOWA 3 SEX FEMALE 70 BIRTHPLACE TOWA 1 CITY OR TOWN OF DEATH ROCKVILLE 138 MONA 14 FATHER'S NAME JAMES FIRST 18 CAUSE OF DEATH Enter-PART I DEATH WAS CAUSE 190 CONTRIBUTING ON STORY OF DEATH ROCKVILLE 118 CAUSE OF DEATH Enter-PART I DEATH WAS CAUSE 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING COUSE OF DEATH AND CONTRIBUTING COUSE OF DEATH 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION O	TOWA CITY OR TOWN OF DEATH ROCKVILLE SHARE FROM THOMPSON A RACE WHITE TO BIRTHPLACE I THE OF PORTS ON BOTH ON THE OF PORTS ON I SHARE OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION CITY RESIDENCE BEFORE THE ALL STREET THE HERS NAME JAMES FROM IS CAUSE OF DEATH IF YES ONE WAS ORDATES CONDITIONS, if ony, which gove rise to immediate couse of stoling the underlying couse lost Conditions, if ony, which gove rise to immediate couse of stoling the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I SOCIAL SECUL CONCINERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING COUSE DETTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE TOTHER COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE TOTHER COUNTY (IF EIT	THOMPSON CERTIFIED THOMPSON CERTIFIED TO THE REGISTRAR MONA THOMPSON PARTIES TO DATE OF THE CORPUSATION THOMPSON TO THE STEPPING TO THE STEPPING THOMPSON THOMPSON THOMPSON THOMPSON THOMPSON THOMPSON THOMPSON THOMPSON THE STEPPING OF THE STEPPING THOMPSON THOMPSON THOMPSON THE STEPPING THOMPSON THOMPSON THE STEPPING THOMPSON THOMPSON THE STEPPING THOMPSON THE STE	DEPARTMENT OF HEALTH AND MENTAL HYG SECISTER MONA THOMPSON THOMPS	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MONA THOMPSON TOWA TOWA TOWA TOWA TO BIT TOWA TOWA TOWA TO BIT TOWA TOWA THE CITY OF TOWN OF DEATH THOMPSON THE CITY OF TOWN	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MONA THOMPSON THOMPSON THOMPSON THOMPSON PAPMEL 10 DECEASED DANNE 11 DECEASED DANNE 12 DATE OF DEATH 13 DATE 14 DATE 15 DATE OF DEATH 15 DATE OF DEATH 16 CITYZEN OF WHAT COUNTRY? 16 BINTHPLACE 16 CITYZEN OF WHAT COUNTRY? 17 MARRIED DANNE DANNE DANNE CRY THERE INTRINCING 17 MARRIED DANNE DANNE CRY THE RESIDENCE TO A DECEASE DANNE DAN	DEPARTMENT OF HEATH AND MENTAL NYCHENE STATE GOT BEATH FEMALE THOMPSON THO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF GEATH REGISTRAR L'DECEASED NAME O DATE KNOWN TYPE OR PRINT ESTI-OUR FILES. 4.72 HOURS ON STREET, Parsons DEATH MATED 10 DATE OF BIRTH JE UNDER 1 YR FUNERAL DIRECT & AGE IN YEARS IF UNDER 24 HRS 2c DATE 2d HOUR VEAR LAST BIRTHDAY PRONOUNCED aurasan 1987 TO BIRTHPLACE ISTATE OR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia WIDOWED DIVORCED FILED. II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OR YOUNG OF DEATH 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIEF 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F AL RECORDS, 2 Salesman Retired 13a STATE 136 COUNTY 13d INSIDE CITYLLIMETS? Montanner IVEL SOLIN URS AFTER DEATH: 1, 2, WITH FORM PM 3, IT. PAGES 1 AND 2 S 14 FATHER'S NAME MIDDLE Hamb l'in Sewell Parson Mary 160 WAS DECEASED EVEN IN U.S. ARMED FORCES?

(YES, NO, OR UNKNOWN) (IF YES) YE YOUR DATES) 17 INFORMAN 166 SOCIAL SECURITY NO. 1400 Fenwick Lane S.S.Md. Madge Parsons (Wife 18 CAUSE OF DEATH (Enter only ane couse per line for (a , (b), and (c) APPROXIMATE INTERVAL CATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR: PAGE 3 SHOULD BE USED AS A BURIAL "IRANSIT PERMIT.
HE: PAGE 3 SHOULD BE USED AS A BURIAL "STANDING STORE, DIVINING IOF BLOKED TO HEALTH AND MENTAL HYGIENE, DIVIND, 21201 PRIOR TO BLOKE AND MENTAL WORSEN, ON NEWOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOUENCE OF Conditions, if ony, which gave rise to immediate cause (o stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 216 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE 8AM (MORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes Suicide death resulted fram: Accident Homicide . Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 6/18/87 Cedar Hill Cemetery Suitland PG Md. BP. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



the funeral director, page 3 d within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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JUI	24	07	FOR STATE REGISTRAR			DEPAI		ICATE OF D		0 /	EG NO	1	8 .	3 0
			CEASED NAME	FIRST		MIDDLE		IAST		20. DATE OF DE		H DAY	YEAR	26 HOUR
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de		3 SE		resa	Sop	nia	5 DATE (6 AGE (IN YEARS			NDERIYEAR	IF UNDER 24 HRS
us afte			emale		White		Sept	DAY	1915	7.1		YRS.	HS DATS	HOURS MIN.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		2
	1 DEC	TEASED NAME	FIRST ANV	16	WIDDLE	D	AST COAL	20 DATE OF DEATH	MONTH DAY	YEAR 27	26 HOUR
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1		ICHIGAN		4.5	. H.	WIDOWE		MONTGO			MD.
Ĭ	10 CT	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NUR:	SING HOME C EET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
Ü	51	IVER Sp.	RING	COLONIA	1 . 1 . 1 .		SING	Homemaker			
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1	14 FA	THER'S NAME		MODLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	
2	1	Robert	~	E	Seelv		Caroline	WIDDLE	I	DuPau.	
		AS DECEASED EVER		AED FORCES?	16b SOCIAL SE	CURITY NO	1792500 Colesvi	11e Road ADDR			
	IY	N/A	(IF YES GIVE	WAR OR DATES)	579 32	2010AD	r.Robert Paul		JIIVCI I	PLILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		PART I. DE ATH W	'AS CAUSED	BY CAUSE (o)		and	ac an	ent-			MITAL PINGEN
			DAMEDIAL	1000	PASA CONSE	wenter!			6 0 6		
		Conditions, if ony,		1 000	ital	Refo	Matron i G	orgether f	ailu	4 11	houther
		gove rise to immore couse (a., stating underlying cause	g the	DUE TO 9	RAGINEONSEC	cleriti	z carlio-	Vezcular.	discource	ye	ans
	7	PART 2 OTHER SIGN	VIFICANT S	ONDITIONS C	ONTRIBUTING I	O DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DIJION GIVEN	IN PART 1	0
	5		10	ena	1 K	allu	re, rece	ent lere	hal 1	year	el
ì	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PÉRFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
1	CER	210 ACCIDENT WAS UNI	to the same of	21b. TIME C	OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
H	CAL	CIF EITHER NOTIFY MEDI		IN THE STATE OF TH	.M.	19					
ü	MEDICAL	21d INJURY OCCUR	RED		OF INJURY	E SAPA SICI	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	2	AT WORK NOT WE	RK R	TAT TONE 3	ALL THE TOWN OFFICE	/		. 1			
Н		22a I certify that ill	Hims hospit	of ottended	e deceosed from	n 2/2	1987	_, to_ 6/2		87.	that 此 (we) lost
Н		sow the decease	ed alive on_	S / Z	ofter death	8/1,00	d that in (myr (our) opinion o	deoth occurred on the d	ate and hour ar	d from the	couses stated
		226 SIGNATURE		7	- dean	,	EGREE			12c DATE	SIGNED
2		61	with	inag	2	the 1	ATTENDING PHYSICIAN	MEDICAL STA		6/2	2/87
		22d PHYSICIAN'S N.	AME (TYPE OR	MAC	61		12520 Prosper	it A. Sil	u Sps.	hed :	20904
		URIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	28d LOCATION	1	0	M.J.
	(Burial		6/6	/87	George	Washington	Adelphi	Р	GNIA	Md . STATE

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR
Hines/Rinaldi 11800 New Hamp Ave.S.S.Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 4 1987 Landon Randale

SILVER SPRING, Md.

DHMH - 16 60M 7/84

CHAMBERS CO. INC.

STATE OF MARYLAND

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				July 2 der	13
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textital				MANERY	
TO D. DO: STE DE	WICH P. WIND	0550 m 37 m	the chair of	or	
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STATE OF MARYLAND

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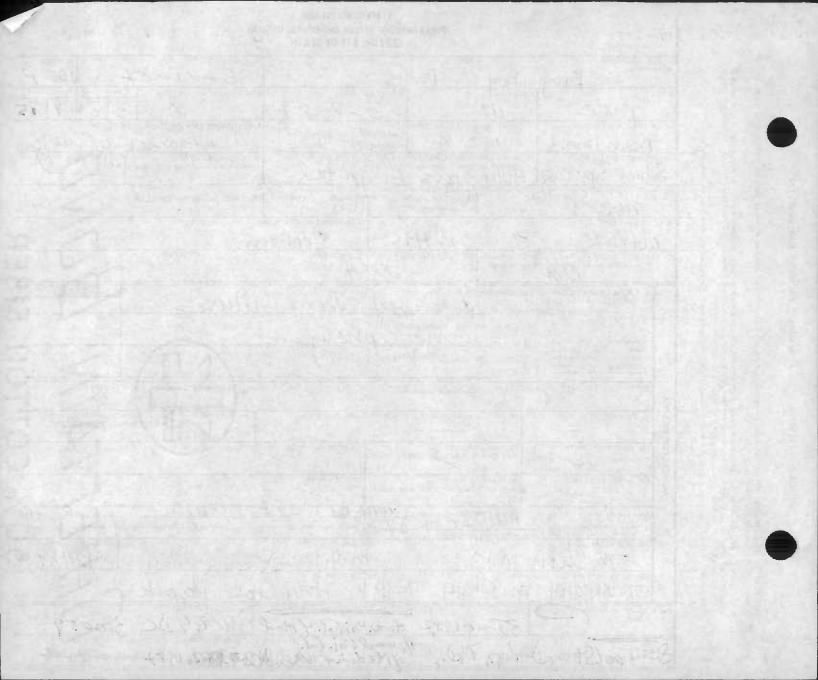
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10.00	1	0	ن	
FG NO				

15 8 0 0 8 JUN 30	97.	FOR DEPARTMENT OF HEATHAND MENTAL HYGIENE
		REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FRIST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
be be	(,,,,	Brby Boy Pettis 5-21-87 155 Pm
noy be	3 SE	X 14 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HIES
ector rs offer	1	male W S-21-87 0 YRS 0 0 1 15
od phod		IRTHPLACE ISLATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?
deorth 72	7	mary and U.S. A WIDOWED DNORCED Montgometry Collingue
the king to	10 C	ITY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO USE OF WORKING LIFE INDUSTRY
by thiled	9	illust Spring Holy Class Hospital N/4
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysticion and completely filled in by opers. Pages 1 and 2 should be fill wol. it. the medical examiner must be in	USU 130	AL RESIDENCE HOME OR OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14e STREET ADDRESS / ZIP CODE
YLA ithin thin thin the 2 sho	. 14 E.	ATHER'S NAME 15 MOTHER'S MAIDEN NAME
MAR uplet		entrick TPEHIS Stephania MIDDLE LAST
Secure ecute		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT) ADDRESS
MORE e exec Poges	1	YES NO OR UNKNOWN) A (IF YEY GIVE WAR OR DATES)
ALTI		18 CAUSE OF DEATH Enter only one cause per line for 10 . 1b . and 1c1
+ 4000 pg		PARTI DEATH WAS CAUSED BY MANDIATE CAUSE 10) dardio testo vatory failure
or re-		
STO eoth ve co on, o		Conditions, if ony, which () DIE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which () DIE NCLP HOLY
PRE of the distribution of		gove rise to immediate
W. by the series of the other		couse o . storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
201 Pees th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o
Sign sign hen to be	NO	
Sw ie		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certi- attending physician the this certificate has been signed by the attending p as the burdel-tronsit permit. Then please remove carbon thand Mental Hygiene prior to burial, cremation, or ren arked or light.	IFICAT	YES NO YES NO YES NO NO
ITAI	CERT	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
Physical reficol Hy		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON OF HYSICIA Ins certification of Hem.	DICAL	(15 ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION
PH then then the bond of the b	MEDI	WHILE SOF WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE
DIN OF		AL VIOLA
DOR. US		220.1 certify that (I) (this hospital) attended the deceased from 1100 1, 19 1, to 1100 2 1, that (I) (we) last saw the deceased alive on 1200 2 1, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
ATT OSPIT OS		above, (I) (we) (did) did not view the body after death 27b. SIGNATURE A 1 DEGREE 27c DATE SIGNED
OR OR OCHE		m.D. ATTENDING MEDICAL STAFF _ 5/21/87
2, 2015-	-	22d PHYSICIAN'S NAME (198 OR PRINT) 1 22d ADDRESS
07 777 4		Margaret m. Choy m.D. Holy Cross Hospital
- 1 Dt 21 1 1	-	
01111111111		BURIAL CREMATION REMOVA) 236 DATE 236 NAME OF CEMETERY OF CREMATION 236 LOCATION COUNTY STATE
BP BP	-	3) -ne (784 Han, ni (01. 9 Med) Was 7 DC. 2003 /
THE RESERVE THE PARTY OF THE PA	125	THE REC'D BY REGISTRAR'S SIGNATURE

of Mediano wa

DHMH 16 50% 7/84 (VRA (5, 4)



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FOR - STATE REGISTRAR

FIRST

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0
	1

DEATH	REG. NO	D.				
	20 DATE OF DEATH	MONTH	OAY	YEAR	2b HOL	JR
		6	11	87	8:2	2 4
11	6 AGE (IN YEARS LAST BIRT	HOAY)	IF UNDE	RIFEAR	IF UNDER	54 HB
YEAR			MUNITS	DATS	HOURS	MIN.
1	86	YRS				
MARRIED -	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		A

00050

STATE

D. C.

Thomas	١.		Pitt			6 11	1870
EX	4 RACE	5 DATE	OF BIRTH		6 AGE (IN YEARS LAST BIRTHO	DAY) IF	UNDER FEAR IF
Male	White	June	e 5, 1		86	YRS	DATS H
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	COUNTRY? 8		ER MARRIED	9 BALTIMORE CITY OR		
shington, D.C.	U.S.A.	WIDOV	VEDEN	DIVORCED [Montgu	mery	(all
CITY OR TOWN OF DEATH		ITAL, NURSING HOME LITY, GIVE STREET ADDRESS]	OR OTHER	NSTITUTION	120 USUAL OCCUPATION	ORKING LIFE)	
ethesda	Suburban 1	Hospital			Accountant ((ret)	Woodwor
JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		ESIDENCE BEFORE ADMISSION		E CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	
arvland Nontg	omery Ro	ckville	YESXX	NO 🗌	257 Congress	sional	Lane
ATHER'S NAME	WIDOLE	LAST	15 MOTH	ER'S MAIDEN NA	ME		LAST
Giles		Pitt	M	aggie			Mohler

Maryland	Nontgomery	Rockville	YESXIX NO [25/ Congressional	Lane 20852
4 FATHER'S NAME			15 MOTHER'S MAIDEN N	IAME	
FIRST	WIDOLE	LAST	FIRST	WIDOLE	LAST
Giles		Pitt Pitt	Maggie		Mohler
(YES, NO OR UNXNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	11909 Enid Drive	
No		577-05-6049	Mary C. Pit	t/Potomac, Maryland	20854
Conditions, if a	ny, which (b)_immediate	Or as a consequence of	elema,	preumai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
underlying cou	use lost. (c)	or as a consequence in the color of the colo		lu cerdo a aminal disease or condition given	

cardioc arrest

198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a I certify that (I) (this haspital) greated the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

ATTENDING STAFF

22e ADDRESS

236 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE Washington, COUNTY Removal 5-12-87 Geo Wash Med School

24 FUNERAL DIRECTOR Columbia Mortuary Services

250 DATE REC'D. BY REGISTRAR 256 RECUSTRAR'S SIGNATURE

20011 225 Missouri Ave. NW Washington, D.C.

BP.

hould be detached

MPORTANT

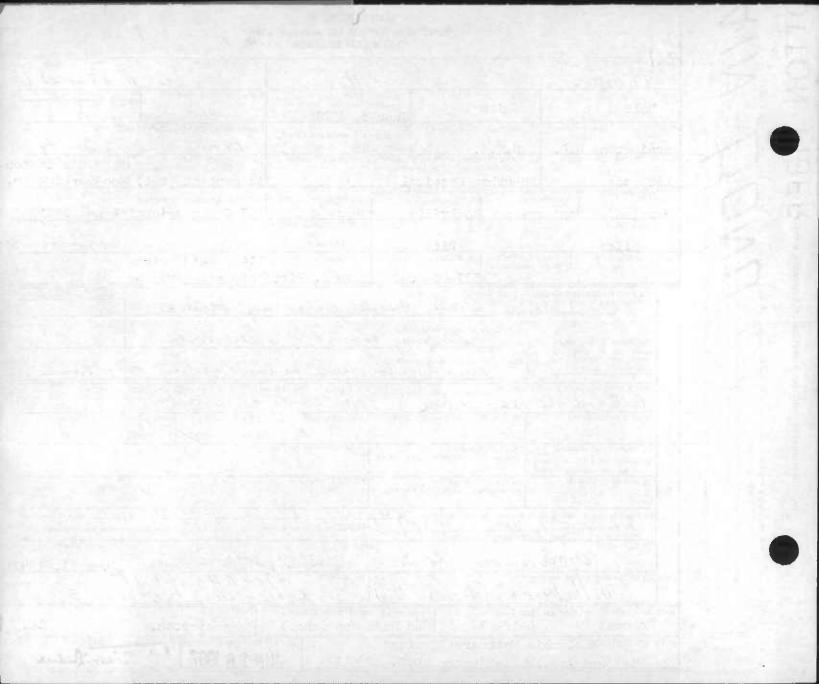
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CERTIFICATION

MEDICAL



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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
STATE	CERTIFICATE OF DEATH

				100	01 111		MILLER		
DEP	ARTM	ENT	OF	HEA	ALTH	AND	MENTAL	HYGIENE	
		CE	RTI	FIC	ATE	OF	DEATH		ě

1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	IENE REG NO	1 /	O	3 4
	CEASED NAME	FRS1	WIDDLE		AST /	20 DATE OF DEATH "	AONTH DAY	YEAR	26 HOUR
11111	OR PRINT)	FINA	L.	4	60/E	6/4		87	1521 M
3. SE	Х	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTH	(DAY) IF UP	NDER YEAR	IF UNDER 24 HRS
-	Female		hite		ril 4, 1925	62	YRS		HOURS MIN
	Maryland		.S.A.	MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Montgo		DEATH	MD
	Rockville	5/14	Y IN SUCY PACILITY, GIVE STRE	(JENTIS	T HOSPITAL	TYPE DE WORK FOR MOST OF HOUSEWIFE		NOUSTRY Home	F BUSINESS OR
130 3	Maryland	NG HOME OR OTHER INST 13L COUNTY Montgom	ery RockVI	TTe	136 INSIDE CITY LIMITS? YES X NO	100 N. Gra	zip code andin A	venue	20850
14 FA	Goldsbore	D MIDDLE	Burroug		Annie Annie	Elizabe		Con	nelly
	NAS DECEASED EVER	NUS ARMED FOR			Charles O. I	Poole (husban		e as 1	3e
AL CERTIFICATION	Canditions, if any, gove rise to item cases to starting anderlying assisted	Which put the first condition of the con	to pas a consta	UENCE OF UENCE OF D DEATH BUT OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED LOW LANGUAGE 211. HOW INJURY OCCUPA	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING CAUSES	GS USED
MEDICAL	21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK 220.1 certify Hid (1) saw the decease	ED 21e F (AT H) (1) It is hospital often d olive on Italication (did not) view this	PLACE OF INJURY OME STREET, FACTORY OFFICE Hed the deceased from	E FARM ETC)	211 LOCATION STREET 19 19 10 that in (my) (our) opinion of the physician (Degree	T. to	te and hour and		STATE that (I) (we) last causes stated

23c NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR After this

prior to burial, cremation,

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

^{14 FUNERAL DIRECTOR} Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

23b. DATE 6/8/87

230 BURIAL CREMATION, REMOVAL (SPECIFY Burial

Rockville, Maryland Rockville Parklawn Memorial Park

Aulia Dendern Rendall

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

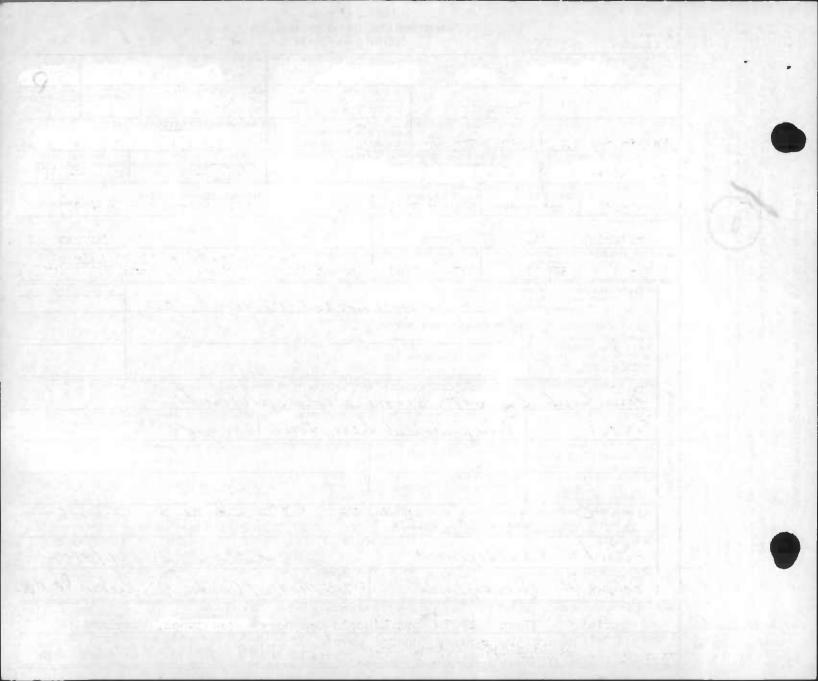
REG. NO.	1	1	J	Ų
		_		

156	151 JU	110	FOR STATE REGISTRAR			DEPARTA		ICATE OF L	MENTAL HYG	REG. NO.	1	10	40
			ECEASED NAME	FIRST		MIDDLE		ASI		20 DATE OF DEATH MO	NTH DAT	Y YEAR	26 HOUR
* å	5 ± 0	(14)	PE OR PRINT)	John	Wi	11iam	Po	ore Sr.		June 3,	1937		3:42pm
200	o do	3 S	X		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER AMES
0	rs off	10	Male		Cauca		Augu	st 10,	1921	65	YRS	NIHS DATS	HOURS MIN.
4	ES /5/	/ Tes	COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY OR C	O YTNUO	FDEATH	
	11 /		lashington			States	WIDOWI	D DI	VORCED [Montgomer	cy Con	unty	MI
4	117	9 10 0	Bethesda		(IF NOT IN SUI	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Urban Hos	ADDRESS)	OR OTHER INS	TITUTION	Property of the Manager	ORKING LIFET	INDUSTRY	ederal nment
120	1		TAL RESIDENCE IN NUR	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	11770-110-1				00101	IIIICIIC
ARYLAND	ANG	7 1	STATE STATE	Mont	gomery	Silver S			NO 🗌	11973 Andrev	V Stre	eet /2	0902
H H	1000	79	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER"	S MAIDEN NA	ME		LAS	ī
X I		CY	Frederick		Α.	Poore			nna			May	rers
WOK .	ond o		WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes		MED FORCES? (E WAR OR DATES) 11	577-20-5		17 INFORMA	Mary	Louise Poore r Spring, Man	119°	73 And	rew 2 (Wife
PRESTON ST., BAL	re actending physic emark carbon pope motion, or removal		Conditions, if ony gove rise to im	VAS CAUSE IMMEDIA' , which mediate	D BY. TE CAUSE (a) DUE TO, O	PL TO	O. J. J.	Lone	al h	emanhaze)	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
AL RECORDS, 201 W.	een signed by the Theorem of The	CERTIFICATION	PART 2 OTHER SIG	NIFICANT C	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	vil C	olen,			VERE FINDIR	
AL REC	hos the phene phen	TIES O	5/3/187		Ret	operitor.	eal	/	Kona				OF DEATH?
DIVISION OF VIT	g physical certificate rial-transitental Hygi Item 18 sh	100	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	HOUR A.	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
OKIA CZ	ottendir frer this us the bu h and M	MEDICAL	21d INJURY OCCUR WHILE NOT WE AT WORK	HILE		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATIO	ON	CITY OR TOWN		COUNTY	STATE
ATTENDIA	CTOR. All for use of Health			ed olive on	1 1 . 111 -	3 19 1	San /	-	(our) opinion (death occurred on the date of	5, 19. and hour o	nd from the	
	y the ho RAL DIRE detached ate Dept					y.mo				MEDICAL STAFF DIRECTOR PHYSICIAN	1 🗆	6/3	SIGNED
INSOH	etained by TO FUNERA should be de with the Stat		Robert	1	/	g.m.D		220 ADDRES 97/5	Medic	al Centu 1)e. I	Poeku	ile mu
10		230	BURIAL, CREMATION,		236 DATE	23c N	IAME OF C	EMETERY OR O	CREMATORY	23d LOCATION		OUNTY	STATE
	BP		Burial		June 8	. 1987 Fo	rt Li	ncoln (Cemeter	v Brentwood	/ Mai	rv1and	

DHMH - 16 60M 7/B4

(VRA 15, 4)

250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUN9 1987 Les Deviden Par 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
NAME Bethesda-Chevy Chase, Inc.
7557 Wisconsin Avenue Bethesda, Maryland 20814 Ali Seridorn Randall



056158 JUN

STATE OF MARYLAND

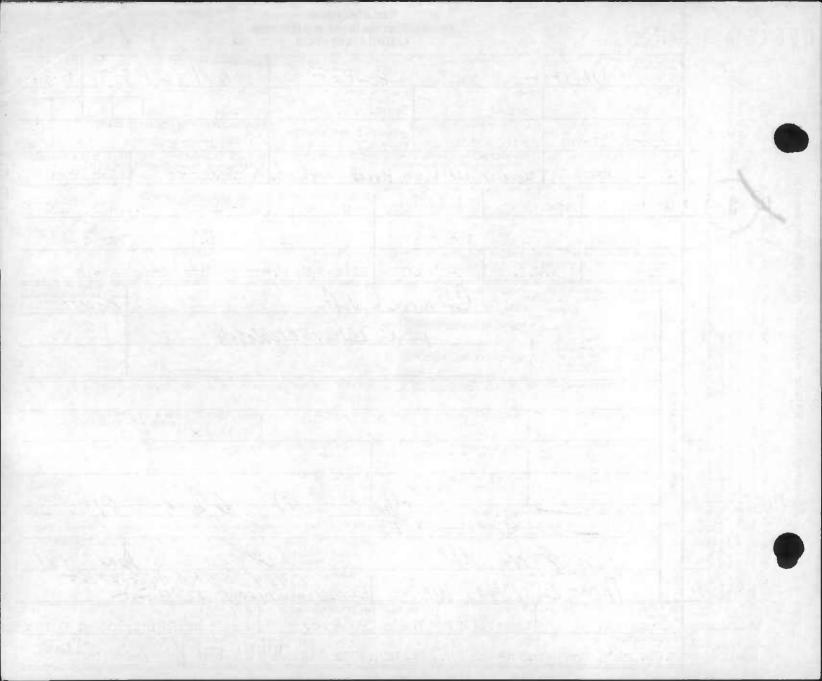
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0.0	REGISTRAR			CEKIII	ICAIE OF DEATH	REG. N	0		
۱		CEASED NAME FIRST	1	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
	TIME	(Walte	r :	James	P	onter	6/	6/	87	7:40 PM
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White		Sept	07 7006	90	YRS	MON:HE DAYS	HOURS MIN.
		RTHPLACE ATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
1		nnonsville,NY	United	States	WIDOWE		Montgom	ery		MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS IN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST C		126 KIND OF	F BUSINESS OR
1	Gá	aithersburg	Herman	Wilso	- 1/	atth Care Center	RetTeach		High S	School
7	NUSUA 130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
1	_		gomery	Gaithers	burg	YES X NO	403-Russel	l Ave.	,#801	20877
	I4 FA		MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	MIDDLE		LAST	
		Joseph	R.	Porter		Frances	В.		Pratt	
	(Y	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	16b SOCIAL SECUR		17 INFORMANT	ADDR		0.70	
	7	Yes W.	W.I.	090-22-1	392	Elizabeth S.	Porter (Wife) Same	- 11	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per	line toring, (b), and	1	11/1			BETWEEN O	MATE INTERVAL
			E CAUSE (a)	Childre	CACL	- Will			ACT4	125
			DUE TO, OI	R AS A CONSEQUE	ACE OFF	- 500.10-1	1 1 0			
		Canditions, if any, which	(b)_		TRI	LORIUSCIE	120515			
		gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
		underlying cause last	(c)_							
	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART I a	12/11/20
	CERTIFICATION	190 DATE OF OPERATION	Tim contri	TION FOR WILLIAM	ODEDATIO	N WAS PERFORMED	20e AUTOPSY?	Tank IF VEC	, WERE FINDIN	CCLICED
1	FICA	190 DATE OF OPERATION	196. CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	YING CAUSES	OF DEATH?
-	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME O	E IN II IPY		21c HOW INJURY OCCURR	YES NO NO	YES	<u> </u>	NO [
į		OR CONTRIBUTING CAUSE OF DEA			Y YEAR	THE HOW INSONT OCCORR	(ENTER NATURE OF INJU	IN IIEM B PA	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	?le PLACE (19	211 LOCATION				
	MEC	WHILE NOT WHILE		EET, FACTORY, OFFICE FA	RM ETC	STREET	CITY OR JO	WN	COUNTY	STATE
		AT WORK AT WORK			5- 40	9	10 Um	-	97	
		220.1 certify that (1) (this hospi saw the deceased alive an	1. (1	MC 194	4	d that in (my) (our) opinion o	to the design the de	ate and hour	(hat (I) (we) last
		abave, (1) (did na 276, SIGNATU	view the body			DE GREE	ream accorregan me a	ne and nad?		
		220. SIGNATORE	Medi.	VIAL		ATTENDING	MEDICAL STAI	F	722c. DATE S	1667
		22d, PHYSICIAN'S NAME (TYPE O	P POINT	NV/V		PHYSICIAN (2	DIRECTOR PHYSIC	IAN	1000	1941
		Thomas E	Day	01. (11/1	7	1790	14000 R	0/1/4/1	OVERU.	10
	22- 01	HEIAL COSMANION BE	10001	4/ MI/	AME OF C	EMETERY OR CREMATORY	1234 LOCATION	19 2	0	
	-15	URIAL, CREMATION, REMOVAL	236 DATE				CITY OR TOWN	- D'	COUNTY	STATE
	_	cemation INERAL DIRECTOR	June 7	, TAR / T	ee s	Crematory	Washingto E REC'D. BY REGISTRAR			
		Mm.Lee's Sons C	200 4	ADDRESS NTC	[4]oak		N9 1087	Lilia A	cordern Ro	adalle)
1	0.1	MILEE S SOIIS C	0.300-4	UI SC., NE	, wasn	1.,1220004	110 1307	1		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is morked ar Item 18 shows any injury, ar other traumatic event, the m



the telephone of the residence with the residence of the Con his or - Classic and many to the state of the same of the same

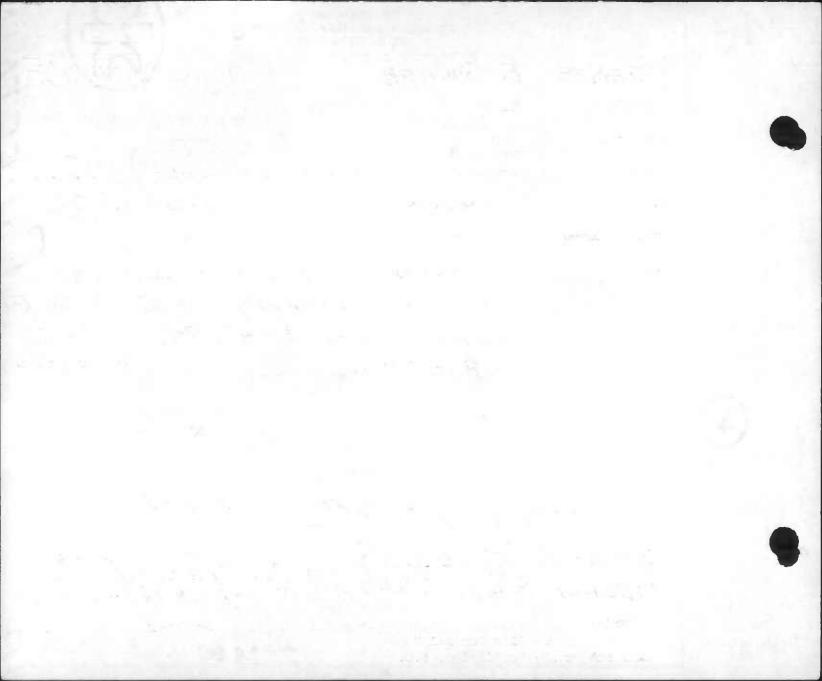
7	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 /	o united	1 5	4 3
		EASED NAME FIRST		QUA		AST	JUME	7,1	987	1105 1105 M
3	SEX	MAle	RACE Black	2	5. DATE C	Ly 8,1920 YEAR	6 AGE (IN YEARS LAST BIRTHDA	YRS IF U	NDER 1 YEAR	HOURS MIN.
40 11 11		THPLACE (STATE OR FOREIGN OUNTRY)	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIO DIVORCED DI	Montgomery	OUNTY OF	DEATH	MD.
7		Y OR TOWN OF DEATH Bethesda	Grosver	HOSPITAL, NURSIN HEACHITY, GIVE STREET NOT'S HEAL	G HOME C	rother Institution are Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Letter Carri	ORKING LIFE)		. P.O.
L	130. S	L RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZII 1638 Nichol	PCODE SON St	CAG E.NW;	26011
1		THER'S NAME Sev. FIRST Solomon	AIDDLE C	uash tast		15 MOTHER'S MAIDEN NAM	Johns	on	tAST	
3		AS DECEASED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	207-03-6		17 INFORMANT Georgia V.	Ouash;1638	Nichol		
oumpfic event, t		Canditions, if any, which	E CAUSE (a)	CARD RAS A CONSEQUE CARC	10	Pulmony	any Ann	est	3)	Minute Month
		gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	(c)	R ASA CONSEQUE	m	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN	IN PART TO	enths
1	¥	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED		b. IF YES, WI I CERTIFYING YES		
1	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)	
	MEDICA	WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	07	COUNTY	STATE
		220 I certify that (I) (this hospin saw the deceased alive an above, (I) (we) (did) (did not	6-1.	- 8/19	2-2- on	d that in (my) (aux) apinian a	mEDICAL STAFF			
IMPORTAN		TEORGE	B, KA	Trick	JEAN	Silver	SAKIN.	ASK	1dz	Ad,
2	30. 8	URIAL, CREMATION, REMOVAL BURIAL	236. DATE 6-12-			EMETERY OR CREMATORY Memorial Park	CITY OR TOWN Landon		DUNTY	STATE

DHMH - 16 50M, 4/83 (VRA 15, 4)

6-12-87 Harmon
Marshall's Funeral Home 24 FUNERAL DIRECTOR 42k7 9th St NW: Washington, D.C.

Harmony Memorial Park Landover PG Md.

1 Home 150 DATE REC'D. BY REGISTRAR'S SIGNATURE OFFESS D. C. 14 1887 Julia Dandar Landou



6/4/87

24 FUNERAL DIRECTO DANZA NSKY-GOLDBERG MEM. CHAPELS, Inc.
1170 ROCKVILLE PIKE; ROCKVILLE, Md. 20852

KING DAVID MEM. GDN.

FOR - STATE

3. SEX

056,00D

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20 DATE OF DEATH MONTH 26 HOUR AGE (IN YEARS LAST BIRTHDAY) MONTH BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR CLOTHING P. FIRET ADDRESS GIR CORE DR.; 20902 BEICHMAN ADDRESWheaton, 20902 MIRIAM RAPPOPORT; 11806 Huggins Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated NE DATE SIGNED

SILVER

FAIRFAX

la.

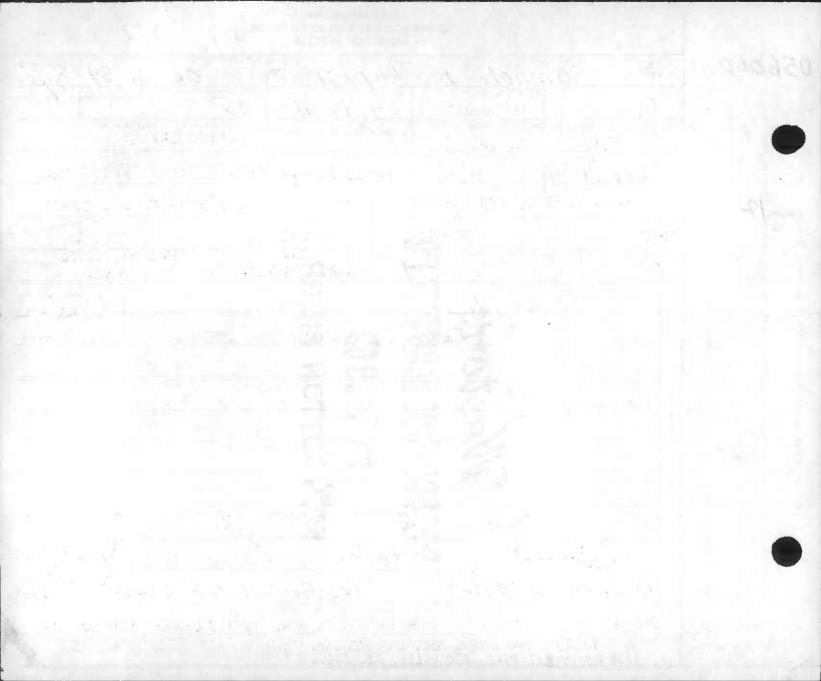
FALLS CHURCH

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURTAL



2	1
55000 11112	FOR STAT REGI
A A A D D WHILE	I. DECEASE

DEPAR

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENES	/ REG. N	- Table	7	3	4	
LAST	2a. DAT	E OF DEATH		DAY	YEAR	7 h	нс

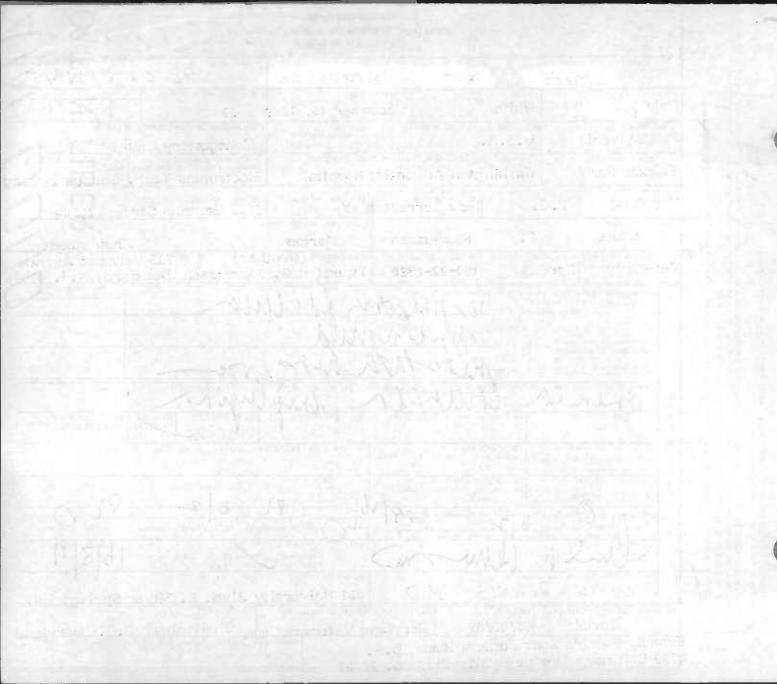
1	REGISTRAR		CERTIFICATE OF BEATT	REG. NO.
1	1. DECEASED NAME FIRST	Robert	Page 100 and 1	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
		T4 RACE	Rasmussen Is date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) I FUNDER YEAR IF NOER SHES
	Male	White	December 15, 1929	
	70 BIRTHPLACE (STATE OF FOREIGN Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED NORCED NORCED	Montgomery County MD.
1	Takoma Park	Washington Adv	NG HOME OR OTHER INSTITUTION ADDRESS! 'entist Hospital	126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) Electronics Tech. Census Bures
1	Maryland P.C	New Car	rollton YES NO [13e STREET ADDRESS / ZIP CODE 5825 Mentana Street 20784
1	Louis	"P". Rasmus	TOTAL MARKET STATE	Rheinstaedter
A	Yes Navy Kore		THE CONTRACTOR OF THE PERSON O	ther) ADDRES 723 Vermont Avenue Rasmussen Deptford, N.J. 0809
- 1 IVI	THE DATE OF OPERATION THE DATE OF OPERATION THE ACCOUNT WAS UNDERSTOOD THE DATE OF OPERATION	218 CONDITION FOR WHICH 218 TIME OF INJURY HOUR AM MONTH DA	OPERATION WAS PERFORMED TO THE HOW INJURY OCCURS	JOB HUTGPSY7 JOB IF YES, WERE FINDINGS USED IN CONTINUE CAUSES OF DEATH? YES NO
	The 1 country that (1) this, hopp son the decement dive or others, (1) (1) this hopp son the decement dive or others, (1) (1) was (did id as 1) the Siches luris	Tis. PLACE OF INJURY JAI HONE, JURIST, Factors, perce, s afal patiended the deceased from	DEGREE ATTENDING PHYSICIAN C	death occurred on the date and hour and from the covers stored STAFF ORIGINAL STAFF ORIGINA
	334 BURIAL CREMATION, REMOVAL Burial		NAME OF CEMETERY OF CREMATORY	TH LOCATION STRONGON COUNTY STATE

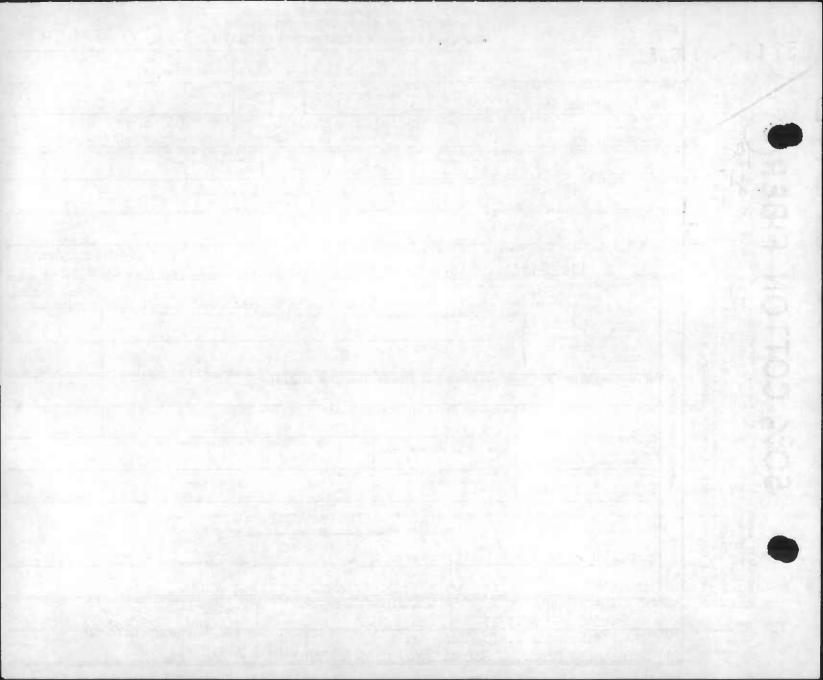
DHMH - 16 60M 7/84

(VRA 15, 4)

06/05/87 Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

Maryland Veterans Com Cheltenham P.G. Maryland me, P.A. Cheltenham P.G. Maryland P.A.





056648

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 7	G. NO.	7	ठ	4 7
		CEASED NAME	FIRST		MIDDLE	LAST		20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
ł	PAUL PAUL			ω . REED		JUNE 09 87 12			12:33рм			
	3. SEX 4 RACE			5. DATE OF BIRTH MONTH DAY		DAY YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HR	
	2 01	MALE 70 BIRTHPLACE IS LATE OR FOREIGN 76			CAUCASIAN OCT		06 1914	72	YRS	-	DEATH	
2		RTHPLACE IS LATE OF COUNTRY) LNDIANA	FOREIGN		STATES	MARRIE	DE NEVER MARRIED DIVORCED	9 BALTIMORE C		IIY OF	DEATH	MD
1		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A HOSPITAL	IG HOME C	OR OTHER INSTITUTION		MOST OF WORKING			itation
5	130. 5	AL RESIDENCE (IF NUR STATE ARYLAND	136 COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW BETHESDA		13d INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP CC			20814
^	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		DLE		LAST	
		LUKE			REED		ALMA				APP	
		(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES YES W.W. 11		E WAR OR DATES)	307 32 3403 LUCY REED		ADDRESSO9 TRA BETHESDA		TRA	AYMORE STREET A, MD. 20814		
		RETURE OF DEATH (Enter only one couse per line for (o), (b), and (c)										
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706 AUTOPSY2 706 IF YES, WERE FINDINGS USED										
	CERTIFICATION	190 DATE OF OPERA	ATION	196 COND	IION FOR WHICH	OPERATIO	N WAS PERFORMED	YES X NO	IN CER			OF DEATH?
1	MEDICAL CER	OR CONTRIBUTING	CAUSE OF DEA	P.M. 19				RED (ENTER NATURE C	DF INJURY IN ITEM I	IS PART I	OR PART 2)	
	MED	216 PLACE OF INJURY WHILE NOT WHILE AT WORK CONTROL AT WORK NOT WHILE AT WORK NOT WHILE CONTROL AT WORK TO W								COUNTY	STATE	
		270 Certify that (1) (this hospital) attended the deceased from 27 MAY 19.87 to 9 JUNE 19.87, that (1) (we) lost sow the deceased alive on JUNE 9 19.87, and that in (my) (aur) aprilian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 270 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DEPART OF THE SIGNED PRESTORE DEVENOUR PROPERTY OF THE SIGNED ATTENDING MEDICAL STAFF DESCRIPTION OF THE S										

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND

Virginia

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

Quantico National Cemeteriy Quantico

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After hould be detached MPORTANT

(VRA 15, 4)

22d PHYSICIAN'S NAME (TYPE OR PRINT)

EDWARD P. FOX

236 DATE

June 12, 1987

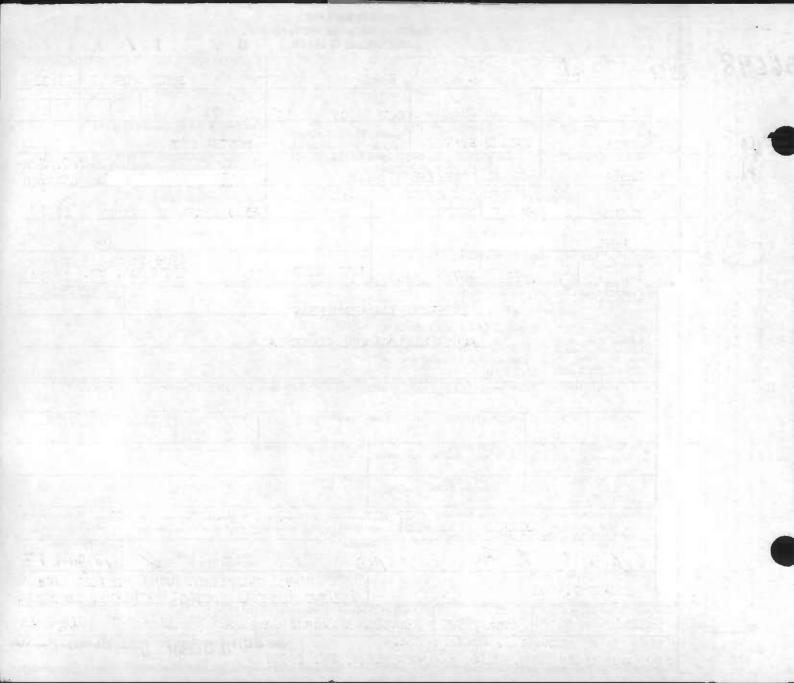
Francis J. Collins, Jr.

500 University Blvd. West, Silver Spring, Md. 20901

230 BURIAL, CREMATION, REMOVAL

Birical

24 FUNERAL DIRECTOR



STATE OF MARYLAND

DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES	REG.	NO.	7	ਰ	4	3
RE	is de	20 DATE	OF DEATH	MONTH	DAY -	YEAR 2	2b. H	SSP
	5. DATE OF BIRTH	6 AGE (1	N YEARS LAST I	BIRTHDAY)	# UNE	DER I YEAR	IF UN	NDER 24 HR

REGISTRAR		CEI	RTIFICATE OF DEATH	REG. NO.					
I DECEASED NAME FIRST		MIDDIE	LAST	2a DATE OF DEATH MO	NTH DAY YEAR 25 HOUR				
(TYPE OR PRINT) El 120	cloeth	Resde		6 -	27-87 12:550,				
3 SEX	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.				
-	W		NONTH DAY YEAR	6 80	YRS DATS HOURS MIN.				
To BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH				
Iveland	TRELA		OWED DIVORCED	Montgomery	County MD				
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
Silver Spray, Md.	THO INSU	CUCZA HOZOI	1 /	housekeepet					
USUAL RESIDENCE (IF NURSING HOME) 130 STATE 136 COL		134 CITY OR TOWN	136 INSIDE CITY LIMIT						
Maryland Mont	aomeru	Chevy Chase	YES NO	4862 Chavu (Chase Drive 20815				
14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	IAST				
Michael	Model	Burbo	Elizab		Hogan				
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY		ADDRESS					
(YES, NO OR UNKNOWN) (IF YES, C	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		Flizabeth	Flizabeth Haught (same as #					
18 CAUSE OF DEATH Enter		e lige for tot, the lay (her.)	APPROXIMATE INT BETWEEN ONSET AN						
PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	Brondes	brum on (9	3 DAYS				
IN COLE OF		R AL CONSEQUENCE	on A	10	1				
Conditions, if any, which	DUE TO C	PLINONIC	des o rend 10	y Dalmon	as dereas				
gove rise to immediate couse to, stating the	101	20.46.4.60.465.045.465.4		11					
underlying cause lost.	DUE TO, C	OR AS A CONSEQUENCE	Jt						
PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o								
Z	CONTROL OF THE PROPERTY CONTROL OF THE PROPERTY OF THE PROPERT								
190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF				Db. IF YES, WERE FINDINGS USED				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES NO NO	YES NO NO				
21a. ACCIDENT WAS UNDERLYING				CURRED (ENTER NATURE OF INJURY IN	ITEM IB PART T OR PART 2)				
	EAIR	.M. MONTH DAY Y	EAR 19						
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE	OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE				
WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, FARM ET	C) STREET	CITY OR TOWN	COONIT				
22a I certify that (I) (thus has	ottended th	he deceased from	about 19 8	37 10-27 JU	1987, that (1) (we) lost				
sow the deceosed alive of obove, (I) (way did) (did)		une 19 87	_, and that in (my) (our) opin	nion deoth occurred on the date	and hour and from the couses stated				
22h SIGNATURE	Wiew the book	Office dealing	DEGREE	/	22c. DATE SIGNED				
1/1/1/4	1998	1771W	ATTENDIN PHYSICIA		17 87 king 8%				
226 PHYSICIAN STIAME	CH MINIT	1000	176 ADDRESS						
Walter E Goo	zh MD		2309 Share	field Rd. Wheat	ton Md. 20902				
230 BURIAL, CREMATION, REMOVA		23¢ NAME	OF CEMETERY OR CREMATO		2010 1:101				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove carbon, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

MPORTANT: If Item 21 is morked or Item 18 sho

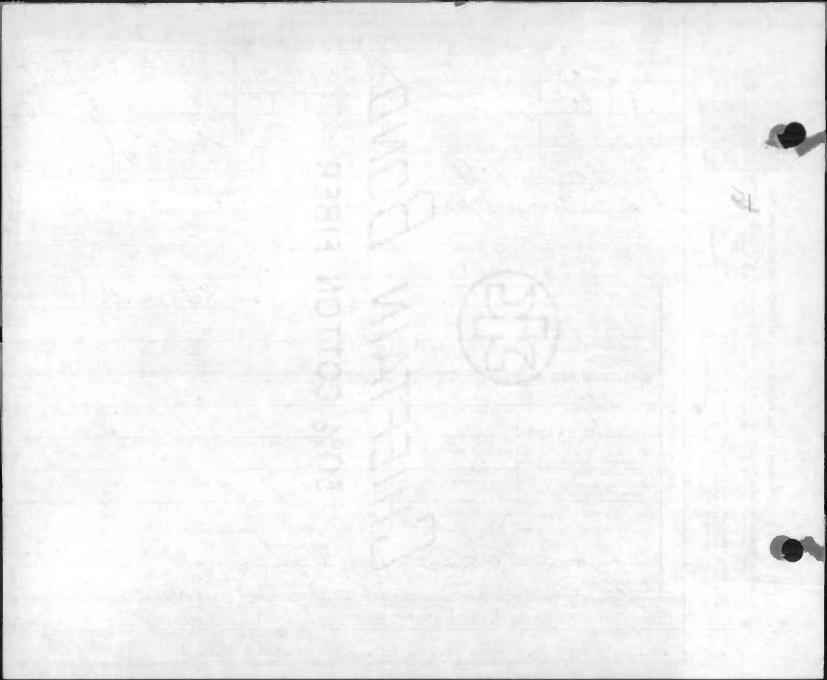
FOR

Cremation 6/28/87 Netropolitan

24 FUNERAL DIRECTOR Francis J. Collins, Jr.

500 University Blud., W. Silver Spring, Md. 20901

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3 19973	B 10% March			
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d. Western Nr. 1990:	r hanakadada enta		George N. D.	Makeur E
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IMPORTANT: If hem 21 is marked or

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DHMH - 16 60M 7/84

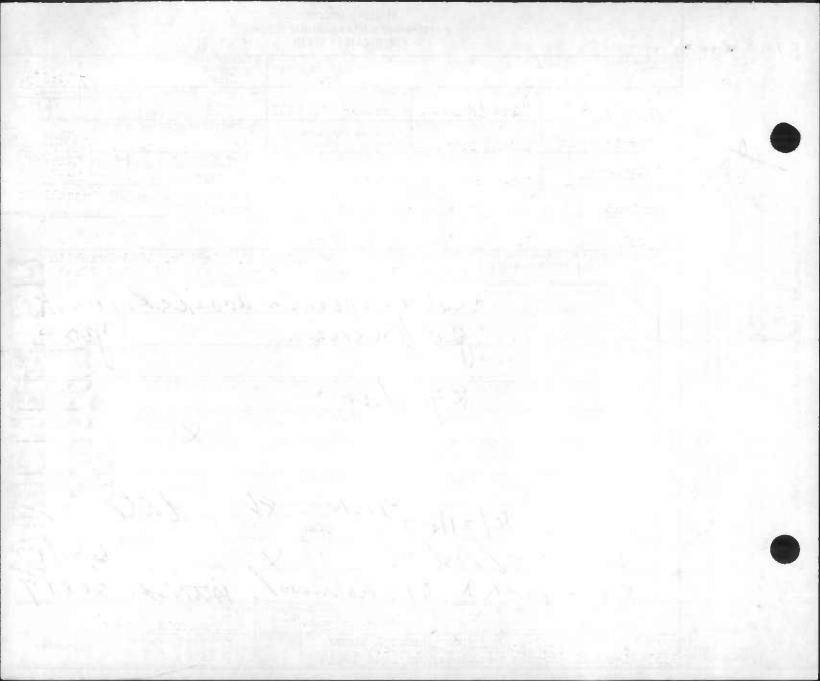
(VRA 15, 4)

tor page 3 after death

FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-1
CERTIFICATE OF DEATH	R

10	REGISTRAR		CEKTIFIC	AIL OF DEATH	REG. NO		
4	I DECEASED NAME FIRS	MIDDLE	(AS		20 DATE OF DEATH MO	ONTH DAY YE	EAR 26 HOUR
1	(TYPE OR PRINT) Rola	and M.	Ri	ce Sr.	June 21,	1987	10:58pm
1	3 SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHD	JAY) IF JNDER	YEAR IF UNDER 24 HRS
	Male	Caucasian	Decem	per 23, 190	3 83	YRS	DATS HOURS MIN.
13	78 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	тн
	Maryland	United States	WIDOWED	DIVORCED [Montgomery		MD.
	Rockville	11. NAME OF HOSPITAL, NURS /** ***T IN SUCH FACILITY, GIVE STRI Shady Grove Ac	ET ADDRESS)		120 USUAL OCCUPATION 11 TYPE OF WORK FOR MOST OF W Lawyer		IND OF BUSINESS OR STRY Own Firm
	aryland Mo	me or other institution give residence asponenty ontgomery Gaither	sburg	34 INSIDE CITY LIMITS?	Street/2087	IP CODE 301	Russell
2	14 FATHER'S NAME FIRST John	R. Rice	1:	Mary	MIDDLE	Steig	leman
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (15 Y)	S. ARMED FORCES? 166 SOCIAL SE ES. GIVE WAR OR DATES) 578–03-	-5721	⁷ INFORMANT Rola Street Kens	and M. Rice Fr sington, Maryla	. 4605 Fi nd 20895	ranklin (Son)
	Conditions, if any, whice gave rise to immediate course (a), stating if underlying course las	DUE TO, OR AS A CONSEC	WENCE OF	èman		1	flas
		ANT CONDITIONS CONTRIBUTING TO	mpho	wa	RMINAL DISEASE OR CONDIT		
2	THE DATE OF OPERATION	186 CONDITION FOR VAIN	HOPERATION	WAS PERFORMED	YES NO	NA IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
100	MEDICAL CONTROL OF THE PROPERTY OF THE PROPERT	DE DEATH HOUR A.M. MONTH P.M. 214 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE bookpital) attended the deceased from the on the form with the body other death.	DAY YEAR 19 1, FARM, DC:) 2 Ond	H LOCATION		and hour and tree	es state
	ZIN BURIAL CREMATION, REMO	TAL THE DATE June 21	NAME OF CEA	METERY OR CREMATOR Dolitan rematory	Y ZH LOCATION	COUNTY	STATE
	Cremation 14 FUNERAL DIRECTOR Rob NAME BET 7557 Wisconsin	ert A. Pumphrey F hesda-Chevy Chese Avenue Bethesda, M	uneral H	Home/ 25a D	ATE REC D. BY REGISTRAR 256		GNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN DEATH MATED IF UNDER 24 HRS DATE DEAD NEVER MARRIED Washington, D.C. U.S.A. Salesman Harlev Davidšon 138 INSIDE CITY LIMITS? 13e STREET ADDIE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Richardson, Sr. Carrasquillo Ana Ana
17 INFORMANT 6008 Osceola Rdes Bethesda, Md
20816 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO NO OR UNKNOWN) 578-62-6612 William A. Richardson, Sr (father) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF E. CHIEF MEDICAL EXAMINER, ABE USED AS A BURIAL - TRANSI VI OF HEALTH AND MENTAL H BURIAL, CREMATION, OR REM Canditions, if any, which gave rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHAGE 3 SHOULD BE UNTE DEPARTMENT OF 201 PRIOR TO BURK YES [216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) A.A. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH II. LOCATION FIE PLACE OF INJURY AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE DE BAIT MORE, MARYLAND, 21201 F 220 I certify that I took charge of the remains described above, held an death resulted fram-Accident Hamicide L Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL EXAMINER'S NAMEJohn S. Rogers, Dept. M.E. 1919 Seminary Rd. Silver Spring, Md. 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 6/12/87 Burial Gate of Heaven Cemetery Silver Spring, Maryland 07/84 24 FUNERAL DIRECTOL YSON Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

-till a marting and the state of The second of th

6.		1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL	0 /	EG. NO.	7 8	5 4
5.7	be 3 coth		CEASED NAME FOR PRINT) Be	FHRST		MIDDLE	0	ich ter	20 DATE OF DEA		DAY YEAR	26 HOUR
	may offer de	3 SE			1 RACE Caucas	ian	5 DATE C		6 AGE (IN YEARS)		FUNDER LYEA	
0	2 40 7		RTHPLACE (STATE OFF COUNTRY) Jashington,		76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE C		Y OF DEATH	MD
101	100		ITY OR TOWN OF DEA	TH	(IF NOT IN SUI	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LINGTON Adv	ADDRESS]	R OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING	LIFE) INDUSTR'	of BUSINESS OR Y Inment
AND 212	Hilled in participation	13a.	AL RESIDENCE (# NURSI STATE Vryland	13b COUN		130 CITY OR TOW Silver S		13d INSIDE CITY LIMITS	130.STREET ADDI 420 Hill	ress / zip coi moor Dr	ive 20	901
MARYL	1940		Conrad		MIDDLE	Richte		15 MOTHER'S MAIDEN Wilhen	nena	DDLE	Herbs	t t
TIMORE	be execu-		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	220-34-44		Virginia (wile	same.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	though the entire certification of by the entire of the opposition of the certification of th		18 CAUSE OF DEATH PART I DEATH W Conditions, if any, gove rise to imm couse (a), stating underlying couse	AS CAUSE IMMEDIAT which rediote g the	D BY TE CAUSE (b) DUE TO, C	Prices Prices	m me		Julmoneon	dres	APPRO BETWEE!	N ONSET AND DEATH
CORDS, 2	been signer mit. Then plorior to burn any injury, o	ATION	PART 2 OTHER SIGN GAT 190 DATE OF OPERAT	ursa	shorte	re Clarke	orns a	NOT RELATED TO THE T		2 20b IF YE	S, WERE FIND	INGS USED
OF VITAL RE	iCIAN: The la g physician. ertificate has ial-transit per ntal Hygiene p em 18 shaws	TAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	YES NO	Y	PART I OR PART 2)	NO _
DIVISION	ING PHYS after this cas the bur as the bur lith and Me carked or It	MEDICAL	21d. INJURY OCCURR	ED K	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE, F	0	211 LOCATION STREET	0 0	YORTOWN	COUNTY	STATE
	hospital o IRECTOR: J hed far use ept of Hea Item 21 is m		17x.1 certify that (I) saw the decease obove. (I) [we] [d	d alive on id) (did no	ri view the trady	other death. 19 6	5)/ on	d that in (my) (aur) apin	10	the unite and ha		, that (I) (we) last e causes stated E SIGNED
	AL O AL D AL D detact of D III. If I		Sema	201	2000	evolor	my	ATTENDING PHYSICIAN	G MEDICAL DIRECTOR P	STAFF HYSICIAN	6-	17-87

DHMH - 16 60M 7/84

(VRA 15, 4)

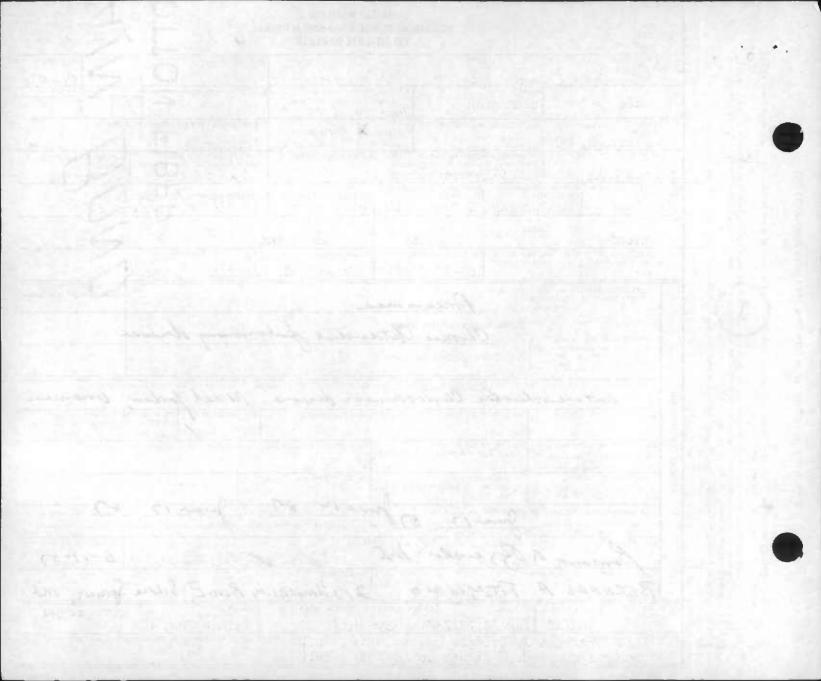
230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

BERNARD A. FITZGERALD 23c NAME OF CEMETERY OR CREMATORY

217 UNIVERSITY BLUBE, SILVER SPRING, Md METERY OR CREMATORY 1230 LOCATION 20296 Washington, DC

burial June 20, 1987 Prospect Hill Washington, DC

The funeral Director Francis J. Collins Funeral Home, Inc 250 Date REC'D. By REGISTRAR 256 500 University Blvd., W Silver Spring, MD 20901



Burial

Burial July 2,1987 Ft. Lincoln Cemetery

14 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Home,
Rockville, Inc.
300 W. Montgomery Av., Rockville, Md. 20850

Thomas F. Riley 20 DATE OF DEATH MONTH DAT YEAR (TYPE OR PRINT)	R IF UNDER 24 HRS
	R IF UNDER 24 MRS
3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR MONTH DAY YEAR	HOURS MIN.
MALE Caucasian 10 8 13 +3 YRS	
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZET OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
Washington, D.C. United States WIDOWED DNORCED Montgomery County	MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
Silver Spring Holy Cross Hospital Meatcutter Groce	er
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	
Maryland Montgomery Rockville YES IX NO 4607 Adrian St.	20853
I FATHER'S NAME FIRST MIDDLE LAST COMPANY MIDDLE LAST	AST
Thomas F. Riley Sr. Blanche Hawk	cins
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
no 578 07 9207 Mildred C. Riley, wife, see #13	
Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. Due To, OR AS A CONSEQUENCE OF Course (b) Due To, OR AS A CONSEQUENCE OF Renal with Metastases	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUSES YES NOW	
216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH	
21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY LATHOME STREET FACTORY OFFICE FARM ETC.] 21d. LOCATION STREET CITY OR TOWN COUNTY	STATE
22a. I certify that (1) (this hospital) attended the deceased from 19 00, to Albert 19 84, saw the deceased alive on Silver 15 19 87, and that in (my) (our) apinion death accurred on the date and hour and from the	that (II (we) last e causes stated
ablive, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c DATE	ESIGNED
ATTENDING MEDICAL STAFF PHYSICIAN PRIFECTOR PHYSICIAN June	29,1987
(707 D 1 7 1 D1 #016 D-1	852
John Moredino M.D. 4701 Randolph Rd., #216, Rockville,	, rid.

CITY OF TOWN

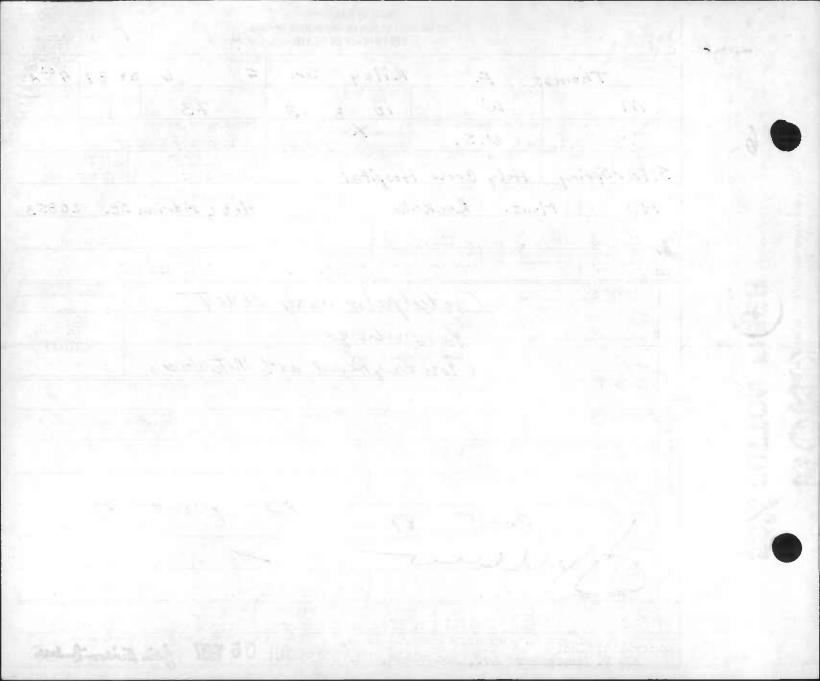
Brentwood

250 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



MORE, MARYLAND 21201	2 4 may be 4 may be	in the first the transfer page 3
ORE, MAR	executed	and community

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. NO	1	1	८	5	4
						_

	1 -	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE 8 / REG. N	10	1 8	5	Eng.
ľ		CEASED NAME FIRST	M	DDLE	l	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOL	JR .
ı	1	Art	hur D.	Rivenba	ck			06 01	87	1:10	0AMM
	3. SEX	MALE	4 RACE WHITE		5 DATE C		& AGE IN YEARS LAST BI	The same of the sa	UNDER I YEAR	HOURS	R 24 HRS
ı		PLADE	WILLIE		Oct.	1, 1917 YEAR	69	YRS	,,,,,,	MOUNS	Mins
1	-	ORTH CAROLINA	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED TO	Montgomer Montgomer		FDEATH		MD.
V	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINE	ESS OR
ı		Olney	Montga		_	Hospital	GEN. CONTR.		CONST	TRUCT	'ION
Ī		AL RESIDENCE (IF HURSING MOME TATE MD. 136 CO		OLNEY	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET APPRESS		Ave.	208	32
I		WINTIE -	- MIDDLE RIVE	NBARK		JANEY	WIDDLE		LLS IAS		133
Ì		AS DECEASED EVER IN U.S. ES. NOOBUNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	241-16-6		W.DOUGLAS RI		94 SKYL SHTON,			
ľ		18 CAUSE OF DEATH (Enter	anly ane cause per l	ne far (a), (b), and	licu				BETWEEN	IMATÉ INTER ONSET AND	VAL
ı		PART I. DEATH WAS CAU	SED BY:	CUTE	RESE	PIRATORY F	AILURE		IMD	NTH	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE	NIA	Paule Can	25.8			B	
ł				ETASTA		BONE CAN					
ı	z	PART 2 OTHER SIGNIFICAN	4 RONIC					DITION GIVEN	VIN PARI IO	a	
	CERTIFICATION	190 DATE OF OPERATION		6BSTA		N WAS PERFORMED	10 NARY 200 AUTOPSY? YES NO!	20b IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USER	TH?
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJI	JRY IN ITEM 18 PART	T I OR PART 2)		
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O			211 LOCATION STREET	CITY OR TO	DWN	COUNTY	5	STATE
		220 I certify that (I) (this ha saw the deceased alive abave, (I) (we) (did) (did	on 5-3	19 5		nd that in (my) (aur) opiniar	7, toS = 3.1 n death accurred on the o		and from the		
		22b. SIGNATURE	0 0			DEGREE	/MEDICAL STA	FF	22c DATE		
1		Krishe	1000	uau		PHYSICIAN"	DIRECTOR PHYSI	CIAN	18-1-		- 57 %
1		224 PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	<u></u>		HD 21		
	1	KRISHNA	PKU	MAR	The last	110802 HIC	KORY RID	GERD	COLL	MB	IA

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TO FUNERAL DIRECTOR After should be detached for use as with the State Dept, of Health

HOSPITAL

DHMH 16 60M 7/84 (VRA 15, 4)

18 sh

MPORTANT: If Item 21 is marked or Item

236 DATE 230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

LAYTONSVILLE MONT.

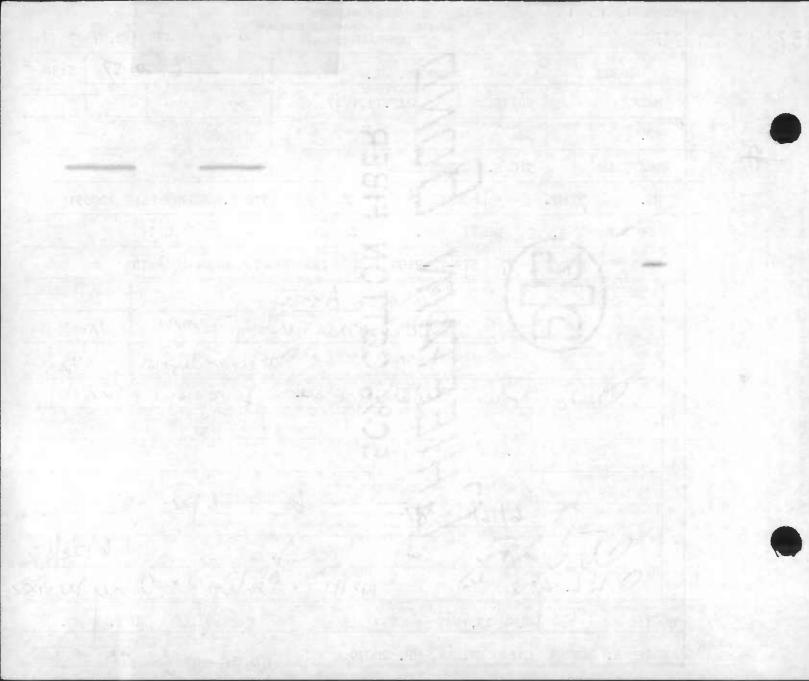
BURIAL JUNE 4,1987 24 FUNERAL DIRECTOR

LAYTONSVILLE

MURIET H. BARBER LAYTONSVILLE, MD. 20879 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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26, 40		
	man and the latest and the latest and	

	1	REGISTRAR 6 . DECEASED NAME FIRST	MIDDLE		LAST	REG. NO 20 DATE OF DEATH) MONTH DAY YEAR 26 HOUR
oy be age 3 death	(GEORGE	A R	OBEY, J		2 87 5:30
ge 4 mo) ectar. pa	3.	MALE MALE	* RACE WHITE	JAN.	11,1927 YEAR	60 AGE IN YEARS LAST BIRTHDAY) IF INDER YEAR IF INDER JAHR WONTH SAFE HOURS MA
Tool Car	70	BIRTHPLACE 16 OR FOREIGN	76 CITIZEN OF WHAT COUNT USA	TRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY
S office of the state of the st	7 10	ROCKVILLE	510 N. HORNER		OR OTHER INSTITUTION	USUAL OCCUPATION 176 KIND OF BUSINESS OF WORKING LIFE) 171 KIND OF BUSINESS OF WORKING LIFE 171 KIND OF BUSINESS OF WORKING LIFE 172 LINE TO THE TOTAL T
filled in full be must be	5	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BY		138 INSIDE CITY LIMITS?	5 TOPEN ANORNERS COPANE 20851
mpletely od 2 sh	114	GEORGE A.	MIDDLE ROBEY LAST	SR.	ISABELL	- BURISS LAST
Pages 3	16			8-9199	17 INFORMANT ROSA LEE RO	BEY SAME AS # 13
NN. The law requires that the dea hysician. It is the hos been signed by the otte fransit permit. Then please remove Hyggiene prior to busol, cremation 18 shaws any injury, ar other trour.	2	00 000 170 100 100 100 100 100 100 100 1	IVE CONDITION FOR WI	JENUMA SITARANO HOIH		INAMOSE AS CONCIDED ON GINEAUN PART THE THE AUTOMOSE LIBED IN CERTIFYING CAUSES OF DEATH THE THE THE THE THE THE THE THE THE T
the haspital an attending plus haspital an attending plus DIRECTOR. After this certifacted for use as the burial toched for use as the burial to bept of Health and Mental if them 21 is marked or them.		22a I certify that (I it spi	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC	DEGREE	that (I) we that (I) we seem accorded in the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN (I) PATT SIGNED STAFF DIRECTOR OF THYSICIAN (II) PATT SIGNED STAFF DIRECTOR OF THYSICIAN (III) PATT SIGNED STAFF DIRECTOR OF THY S
TO HOSPITA TO FUNERA should be de with the Stot	23	a. BURIAL, CREMATION, REMOVAL	THE DATE	23. NAME OF	EMETERY OR CREMATORY	23d LOCATION



ADDRESS

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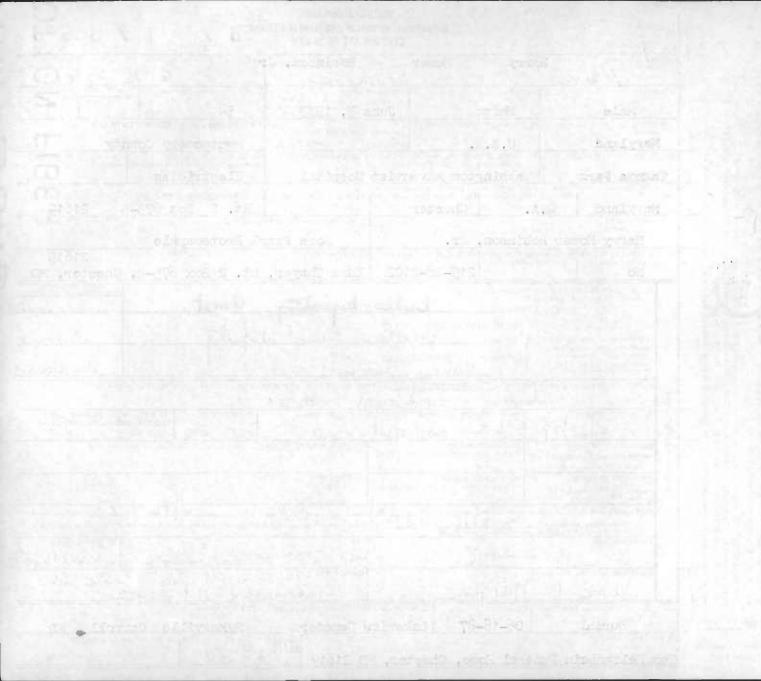
Helfenbein Funeral

Chester

DHMH - 16 60M 7/84

(VRA 15, 4)

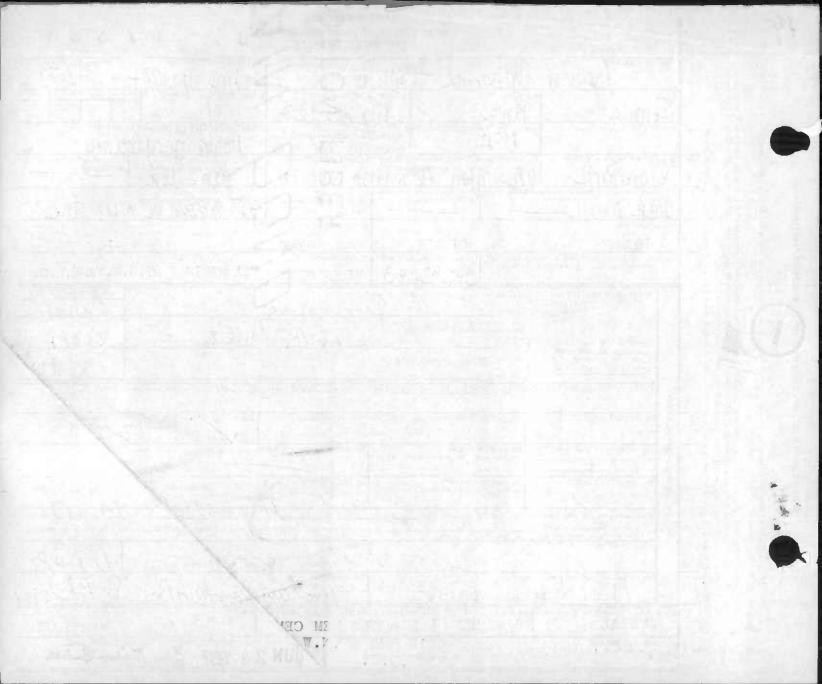
STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	CAR ATTENDING PROTECTANT The new regimes that the dearth certificate be executed within 24 hours after death. Page 4 may be harmful or attending privilege.	DAELTOF. And the contribution from natural type differencing physician and completely filled in by the funeral director, page 3. Note: The contribution of the contri
DIVISION OF VITAL RECORDS, 301 W. P	OR ATTENDING PHYSICIAN. The law requires that the haspital or attending physician.	DAECTOR Are the certification for the community the otherwise physical components of the components of

				STAT	E OF MARYLAND			
Ul 2	13	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	IENE 8 /	17	3 5 /
		CEASED NAME FIRST	MIDDLE	e Rolli	AST AS	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR M
	3 SE	emke	Black	S. DATE C	U 85 907	6 AGE (IN YEARS LAST BIR	YRS	DAYS HOURS MIN.
Orence		IRTHPLACE THATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE	DIVORCED [9 BALTIMORE CITY O	zery Cour	nta mo
De lift of	16	Kema for C	UDS IN SUCH FACILITY	TY, GIVE SPREET ADDRESS)	or other institution	TYPE C		KIND OF BUSINESS OR USTRY
A. J.	W	AL RESIDENCE IF NURSING HOME OF THE 136 COU	NTY 13c. CI	SIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	CPL NU	618E.
10/		ATHER'S NAME FIRST ROBERT WAS DECEASED EVER IN U.S. AF		ILLIS OCIAL SECURITY NO.	15 MOTHER'S MAIDEN NAME FIRST SARAH	MIDDLE		PORTER
Semedic Semedic	(VE WAR OR DATES	18381063	VIOLA GIBSON	721 MADISC	N ST.N.W.	
event,		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA		r al, lb , and Ic	reumonia		81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
roumatic		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A	CONSEQUENCE OF	Pialites "	Mility		Tears
or other I		cause (a), stating the underlying cause last	((e)	CONSEQUENCE OF				
y injury.	TION	PART 2 OTHER SIGNIFICANT						
hews an	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO		YES NO	YES 🗸	NO [
1/	MEDICAL CE	? 10 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. M	NONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	PY IN ITEM 18 PART ORF	ART 2)
arked as	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		TORY OFFICE, FARM, ETC]	21f LOCATION STREET	CITY OR TO	WN COU	INTY STATE
m211111		22a. certify that II this hosp	6/16	leath.	id that in (my) (our) apinian d	ta 6 / / (eath accurred an the do		
ž		176 SIGNATURE	te	- /		MEDICAL STAF	F	DATE SIGNED
WFORTA		22d PHYSICIAN'S DYAME (1996)	elbonit,	Mp	1/20 Ken	- Hamphir	· And SS	My 2090;
-		BURIAL BURIAL	6/22/87	LINCO		SUITL		MARYLAÑD
7/84		RSHALL'S FUN	ERAL HOME	4217 9TH WASH, D.C	III IAI	2 4 1987	0 a me 8	n. Rudale

DHMH - 16 60M (VRA 15, 4)



DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	13.
uerite M.	D'AST Root	20 DATE OF DEATH MONTH	DAY YEAR
VI.	15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LIFEAR
white	Nov., 10 1891	95 YRS	MONTHS BATS
U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
ME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORKADE MOST OF WORKING	12b. KIND OF
ITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP COL	DE 23 /200

REGISTRAR DECEASED NAM Marg HOUR 3 5EX 70 BIRTHPLACE 76 CITIZ Kansas ID CITY OR TOWN OF DEATH BUSINESS OR / IF N Home Chevy Chase USUAL RESIDENCE (IF NURSING HOME OR O 136 COUNTY 7001 Hillcrest Pl./20815 Montg. Chase MD Chevy YES K NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Jones W. Guy Agnes Frederick 35300 Mitzhugh Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! Robert W. Root, Silver Spring, MD No 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause to, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? none YES -210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. Trove 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET 22s. I certify that (1) (this bospetal) attended the deceased from saw the deceased alive an ____ and that in (my) corruption death accurred an the date and haur and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL Suitland, MD 6/18/87 Cedar Hill Cemetery Burial Joseph Gawler's Sons, Inc. 250 DATE REC D. BY REGISTRAR 256 REGISTRARS DIGNATURE

20016

DHMH - 16 60M 7/84 (VRA 15, 4)

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DRT

5130 Wisconsin Ave, NW, Washington, D.C.

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Sufficient, No	Will Complete			
	D. DANS	. The three streets	, , , , ,	Annoone DESC

175 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Home 13e.SIREET ADDRESS / ZIP CODE 6121 Montrose Road (20852) Levine ADDRE ROCKVILLE, Nd. 20850 Gloria Silverstein; Niece; 1 Surrey Court; 206 IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES [] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) STATE pinion death occurred an the date and hour and from the causes stated 77r DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 6121 MONTROSE CITY OR TOWN Burial 6/24/87 Wellwood Cemetery Pinelawn. New York 24 FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1170 Rockville Pike; Rockville, Md. 20852

1 - STATE REGISTRAR I. DECEASED NAME

TYPE OR PRINT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

20 DATE OF DEATH

2b. HOUR

DHMH - 16 60M 7/84

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

								REG. NO			
DECEASED NAME	FIRST	^	AIDDLE	t)	151		20. DATE OF	DEATH N	HIMON	DAY YEAR	26 HOUR
- Contract)	ARLINE	(NMN)	ROSI	ENBERG			JU	NE 4	.1987	1:00
SEX	4.1	RACE		5 DATE O		YEAR	6 AGE IN YE	ARS LAST BIRTH	DAY)	MUNTHS DATS	HOURS N
FEMALE		WHIT	E.	OCTO		1932			4 YRS		ACORS N
BIRTHPLACE (STATE O	PFOREIGN 176	CITIZEN OF	WHAT COUNTRY?	MARRIET	X NEVER A	ARRIED -	9 BALTIMOR	E CITY OR	COUNT	Y OF DEATH	
MARYLAND		USA		WIDOWE		ORCED	MON	TGOME	RY C	OUNTY	
CITY OR TOWN OF D	EATH 11.	NAME OF H	HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL C	CCUPATIO	Ν	IFE) 126 TO REP	F BLANES
BETHESDA			E CLINIC		ITER		TEC	Н		PHAI	MACY
SUAL RESIDENCE (IF NO BO STATE	MONTG(SILVER S	N 1	13d INSIDE C	TY LIMITS?	13e STREET A			DR./209	04
FATHER'S NAME						MAIDEN NA	ME	ulana			
EDWARD	JACOB	DIE	KRAMER		SOPE	ΪΈ		MIDDLE		REICHE	L
WAS DECEASED EVE	R IN U.S. ARMEI		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	- 7	ADDRES	S CHA	RTWELL	DRIVE
(YES NOR UNKNOWN)	(IF 1E 2 GIVE W.	AR OR DATES)	578-44-39	989	MR. MO	RRIS R	OSENBER			SPRING.	
TIN CALISE OF DE	ATH (Enter maly m	200 501116 001	line for (a), (b), and	die					N LILL	APPROX	IMATE INTERVAL ONSET AND DEA
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7 9/1	IMMEDIATE C	AUSE (0)	CARDIAC	AIIILO	1		-			****	
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underlying cou	ise last.	lc) 0	VARIAN CA	RCINO	MA					3 YI	EARS
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190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	KWED	200 AUTO			S, WERE FINDI	
							YES	NO		ES 🔀	NO 🗌
		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NAT	URE OF INJURY	IN ITEM 18	PART OR PART 2)	
OR CONTRIBUTING		P./		19	20.5						
OR CONTRIBUTING L	RRED	21e PLACE			211 LOCATIO	N		CITY OR TOW	N	COUNTY	STATE
I MALIET MOI	WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	SIREE			CITTONTOW		000	71.412
22a.1 certify that?	XXthis haspital)	ottended the	e deceased from_	June	1	, 19.87	, to Jun	e 4		19_87	thatXIX(we)
					d that in 19658	(our) opinion	death accurred	l on the dat	e and ho	ur and from the	couses stated
sow the dece	osed alive on		-fa -f -h	,	O THOSE OF THE PER	(on me dor	c ond no	or one from the	
saw the dece above, 文 (we 22b SIGNATURE	i (did) (atatos) v	ew the body	ofter death.		DEGREE			on me dor		22c DATE	

230 BURIAL, CREMATION, REMOVAL BURTAL

22d PHYSICIAN'S NAME (PPEO) PRIM

FOR - STATE

JUDEAN MEMORIAL GARDENS

MD.

22e ADDRESS

NATIONAL INSTITUTE OF HEALTH

MARYI.AND

DENEY, MONTGOMERY, MARYLAND

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

6/5/1987

236 DATE

pschik.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dividson Randales

DHMH - 16 60M 7/84 (VRA 15, 4)

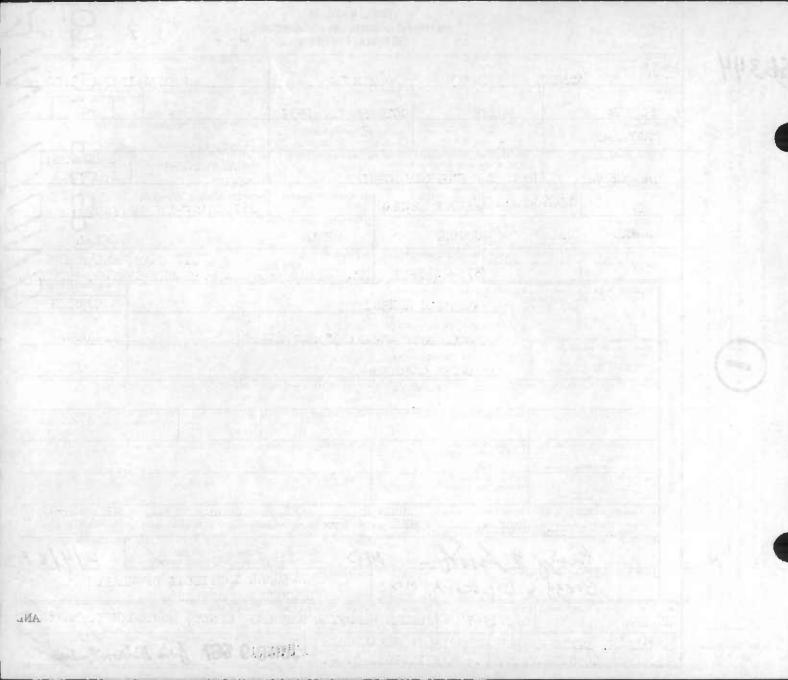
TO FUNERAL DIRECTOR

ned by

BP

should be detach

MPORTAN



2			1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	0 /	G. NO	7	3	5
56	e e e	JUL -		OR PRINT) ABRA	FIRST -A VV	1	ROS.		BLUM.	20 DATE OF DEA	IH MONTH	DAY 25 -	YEAR & Z	H 401
	moy		3 SE			CAUCAS	SIAN.	S. DATE C		6 AGE (IN YEARS LA	YRS	MON. m3	RIYEAR	HUNDER 24 HR
	berth Por Bertol de 175 Mar	97		RTHPLACE (STATE OR LOUNTRY)	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED	9 BALTIMORE CI	TGO			Y. MD
201	1	Je (jec	R	OCKVILLE		HEBREW	HOME OF	REATE	OR OTHER INSTITUTION ER WASHINGTO	N SELF-EM	PLOYED"		KIND OF	BUSINESS OR I AN
AND 213	n 24 hou filled in hadd he	35	130_9	AL RESIDENCE (FNUR STATE MARYLAND	136 COUN		ROCKVILI	N	138 INSIDE CITY LIMITS?	6121 MOI	NTROSE	ROAD	; 20	852
MARYL		51	J	ACOB		MIDDLE	ROSENBLUM		SUSAN	MIDI			LIËÑ	
BALTIMORE	he earth	e medica		VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	040-16-5		JUDY GILBE	IAL WORKER RG 6121 M	ONTROSE	ROA	D; R	
ST., 8AL	or ficulty 0 physics	event, th		18 CAUSE OF DEAT PART I. DEATH V	AS CAUSE	ly one couse per DBY: E CAUSE (o)	Seatter	-	apsis.				APPROXIM LETWEEN ON	THE INTERVAL ISET AND DEATH
W. PRESTON	death or	ation, or rosmotic	1	Canditions, if ony		DUE TO, O	mas a conseque	P/P	Pulmon	ary En	2.60/1	. /	m	with
201 W. PR	thot H	ol, cr. m. or oth		cause (o), stofii underlying couse	ng the	DUE TO, Q	RAS A CONSEQUE		2			(110	w.
	requires en signe	or to bur	NOI	PART 2 OTHER SIG					NOT RELATED TO THE TE					
AL RECO	The low	hows on	CERTIFICATION	19a DATE OF OPERA	100			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES 🗌	AUSES C	SS USED OF DEATH?
10F VIT	g physic certificot	tem 18 s		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	161	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE O	FINJURY IN ITEM I	8 PART OR	PART 2	
DIVISION OF VITAL RECORDS,	offendir frer this	h ond M	MEDICAL	214 INJURY OCCUR	HE -	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	EITY	ORTOWN	COI	UNIY	STATE
	Spitol or	of Heal		220.1 certify that (1) saw the decease above, (1) (we) (ed alive on.	6-	25 19	5 - 8 7 or	d that in (my (our) pinio	T, to 6	he date and h	our and fr	om the co	ot the (we) ost
	SE SE	D to		22b. SIGNATURE		1			DEGREE			22	DATES	IGNED

BP DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL ISPECIFY BURIAL

23b DATE 6/28/87 RALDIRECT DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1770 ROCKVILLE PIKE: ROCKVILLE, MD 20852

N FALLS 23¢ NAME OF CEMETERY OR CREMATORY KING DAVID MEMORIAL

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ONTROSE

CHIRCH

JUL 0 1 1987

VIRGINIA

FOR STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	O

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES / REG. NO.	1	ರ	0 4
ROSSBACH	20 DATE OF DEATH MONTE	12	87	1208

JUN 1 6 1987

	DECEASED NAME	FIRST		WIDDLE		ASI		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-	TYPE OR PR NI)	INEZ		B	ROSS	BACH		4	6 13	87	1208 1
3.	SEX		RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BI		ONTHS DA-	
	+		CAUC.		09	01	(9	61	YRS	DA-	MIN.
70	BIRTHPLACE (MATEGO	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED T	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Louisiana		US	A	WIDOWE		NORCED [MONT	GONE	RY	MD.
10	CITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		OR OTHER INS	NOITUTIT	12a USUAL OCCUPAT		126 KIND	OF BUSINESS OR
1	KCCKVILL	5	SHADY	GROVE	ADVE	TITL	HOSP	Psychia	atric	Aid	е
U:	SUAL RESIDENCE IF NUI	136 COUNTY		13c. CITY OR TOW	ADMISSION)	13d. INSIDE	ITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
	Maryland	Montg	omery	Gaithers	burg	YES 🔀	NO [m Hil.	L Way	20877
114	FATHER'S NAME	MIC	DDIE	LAST		15 MOTHER	S MAIDEN NAM	AE MIDDLE		n nn 1	AST
	Bernar			Broussard			Corine			Collin	S
160	(YES, NO OR UNKNOWN)	R IN U.S. ARME		166 SOCIAL SECU		17 INFORM		ADDR		2	
L	No			436-01-5	791	Uar	oll Gra	liam, .	tem 1		
	18 CAUSE OF DEA	TH Enter only	one couse per BY	line for o), (b), one	dic		1-1000	2,		BETWEEN	NONSET AND DEATH
L		IMMEDIATE (1.40 CHK	COIM	- 1	NFARCI	1101			
			DUE TO, O	R AS A CONSEQUE	9 6		5- 5	HIWRE			
	Conditions, if one		(b)	CONGE	CITYE	HER	(4)	HIWIEC			
	cause (a), stat	9	DUE TO, OI	R AS A CONSEQUE	NCE OF	Mi	ユレードカ	<			
	DART 2 OTHER SIG	Chileic anit coi	(c)	INTERNITING TO F	NEATH BUT			INAL DISEASE OR CON	DITION CIVE	NI INI DADT 1	
Z		or in learning	AT	RI AL		BILL	LATION		DITION ONE	74 114 C PART 1	
TA	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTOPSY?	WERE FINDINGS USED ING CAUSES OF DEATH?		
CEPTIFICATION			1					YES NO	YES		NO []
OH C	21a. ACCIDENT WAS UP		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
14	OR CONTRIBUTING		P.		19						
MEDICAL	21d INJURY OCCUP	RRED	21e PLACE	OF INJURY	ARM FIC I	211 LOCATI		CITY OR TO	WN	COUNTY	STATE
2	AT WORK AT WE	ORK		eer racion, orrect							
	220 1 certify that []						_, 19				that (II (we) last
	saw the decea	sed olive on	new the body	attin parts	or	nd that in (my	(our) opinion d	leath accurred on the d	ote and hour	and from the	e couses stated
	226. SIGNATURE	6	7	1	,	DEGREE	ATTENDING	MEDICAL STA		the DAT	ESIGNED
	1/6	100	m.	pra	- ,1		PHYSICIAN [DIRECTOR PHYSIC		14/	3/8/
	22d PHYSICIAN'S N	AME (TYPE OR PE	RINT}	4		122 ADDRES	S THIN	Y GRAVE	R&· #	105	
-	HEKI	DEKI	10.	JUARBU		1/3-	- 17,7	Reckvill	E, MI	2	
23	BURIAL, CREMATION		236 DATE			EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Crematio	n	June 1	5,1981	West	cview		Baltim	ore,	Mary	Land

Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item, 18 sha

	1 1		
I mar	Sand Library		
- Tailing of			goldness.

STATE OF MARYLAND DEPARTMENT OF HEALTH A CERTIFICATE (

Rowe I

5. DATE OF BIRTH

August 2:

MARRIED W NE

WIDOWED

LAST

F DEATH	5 /	REG. NO	1	U	0			
	20. DATE OF	DEATH MONTH	D	AY	YEAR	26 HOU	R	
I	June	June 22 19				8:45a		
	6. AGE IN YEA	ARS LAST BIRTHDAY)	- 1	FUNDE	RIYEAR	IF UNDER	24 HRS	
1939	47	Y	RS.	UNING	υA15	HOURS	AA IN	
ER MARRIED DIVORCED		ecity <u>or</u> col		OF DE	ATH		ME	
Le, MD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Mortgage Banker Banking							
NO	10 Hau	odress / zip o vthorne		vrt	20	850		
IER'S MAIDEN NA	ME							

	Marykana Mond	gomery	ROCRVILLE	AES KOK NO	10 Hawknorne C	OWIL 20850
1	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAME	WIDDIE	TPAL
	Leon	Maurice		Margaret	Model	Jones
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
ı	NO	VE WAR OR DATES)	217-36-8675	Kathleen Carm	ody Rowe/wife	same as 13
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (o)	Respuiale	ny Amest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which			tic Lung		6 mos.
ı	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUENCE OF			

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) aftended the deceased from

216 TIME OF INJURY HOUR A.M.

P.M

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

ATTENDING

PHYSICIAN MIDIRECTOR PHYSICIAN

NO

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

6.22.87

Dr. Fred Smith

Maurice

Th CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME OR OTHER

Hawthorne Ct. Rockvil

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

4 RACE

Caucasian

USA

DEGREE

211 LOCATION

5401 Western Ave., NW Washington, DC 20015

230 BURIAL, CREMATION, REMOVAL burial

190 DATE OF OPERATION

MEDICAL

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

FOR

REGISTRAR

Male

TO BIRTHPLACE ISSATE OR FOREIGN

Washington, D.C.

Rockville

Leon

- STATE

SEX

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet

Washington.

STATE

June 25, 1987 24 FUNERAL DIRECTOR Francis J. Collins Jr.

University Blvd. W Silver Spring, MD 20901

DHMH 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT

Regarded by Fred . CA SERVICE STREET, OF SERVICE The same of the sa

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

ony injury, ar other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shows

FOR
- STATE
- REGISTRAR

1. DECEASED NAME

FIRST

MIDDLE

R.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

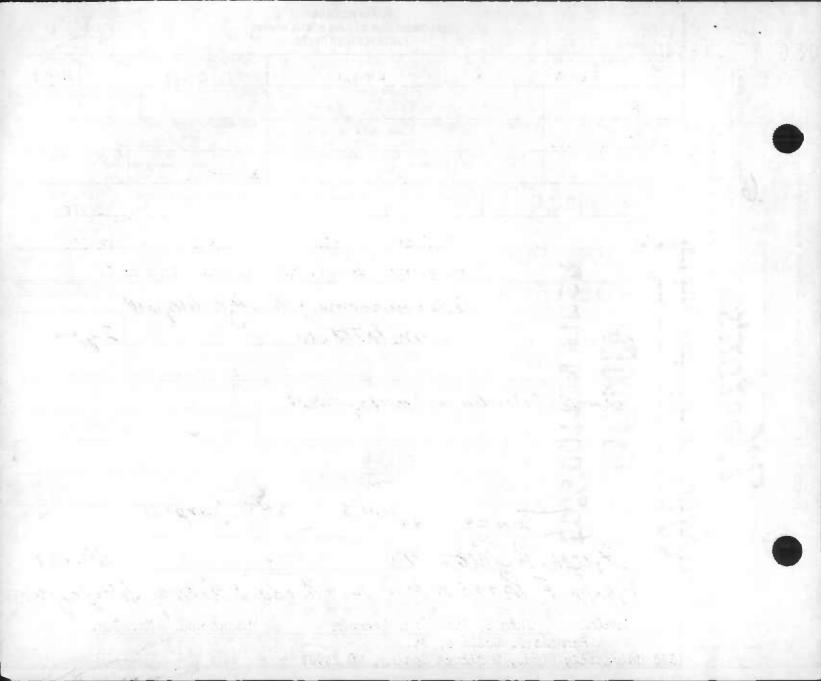
DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	0	à	1	REG. N	. 40
LAST	20	DAI	E OF	DEATH	MONTH

O

YEAR

26 HOUR

I	{TYPE	EDNA	R.	P	MAN	6/29/87		411 A M
	SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ı		F	W	MONTH	DAY YEAR	80 YRS	MONTHS DATS	HOURS MIN
F	e 81F	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	D. NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
	W	ashington D.C.	US	WIDOWE		Monteor	nem	MD.
T	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12e USUAL OCCUPATION		F BUSINESS OR
ı	SI	WI Sping	Hole Cross +	150151		homemaker	- INDOSTRI	
		AL RESIDENCE IN HURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD)F	
		1.15%	1	Spinny	YES NO	9411 Pin Cak I	209	10
	4 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAS1	
ł	Edi	winI		well	Elva	Mae	Prui	
t	60 W	AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS		-
1		ES. NO OR UNKNOWN) (IF YES GIV	578-03-	6152	John T. Ryan	1/husband same	as 13	
f		18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), (APPROXI-	MATE INTERVAL
1		PART I. DEATH WAS CAUSE	D BY CAUSE (0) acle	nour	moma & the	Want line in	16	
1		WW.CD IX.	DUE TO, OR AS A CONSEO	LIENCE OF		0		NE-DE
ı	94	Conditions, if any, which	((6)	melo	actions		26	10
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	LIENCE OF			0.	
ı		underlying cause last.	(6)	00				
1		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE JERM	INAL DISEASE OR CONDITION G	IVEN IN PART TIE	
I	NO	Chronic ()	astruction Ru	lmon	Ma disell			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OR WHIC	H OPERATIO	N WAS PERFORMED		ES, WERE FINDIN	
	E						ES	NO 🗆
	CER	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	117	19				
١	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	5 5 4 0 M 5 7 C L	211 LOCATION	CITY OR TOWN	COUNTY	STATE
1	Σ	AT WORK AT WORK	(AT FIGHE STREET PACTORY OFFICE	C. PARM EIC)		. 0 .		
1		22e. I certify that (I) (this hospi	rail offended the deceased from		11 8 10 8	4 10 June / 29		that (I twe) last
1	73	sow the deceased alive an	t) view the body ofter death	59 . 01	nd that in (my) (our) opinion o	death occurred on the date and ha	ur and from the	couses stated
1	5	226 SIGNATURE	00	200	DEGREE		22c. DATE	SIGNED
1		(Talba)	to Jalan.	m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/2	-9/87
1		224 PHYSICIANS NAME (TYPE O	OR BRINT)	10	22e ADDRESS	. 12	1,5	9
1		KALPH F	MATTEN	19.11	1407 Book	rede morkeras	Selace	Ma 12/209
1		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		STATE
ı	- (specify) burial	July 2, 1987	Ft. Li	ncoln	Brentwood Pr	i. Geo.	MD
	24 FL	INERAL DIRECTOR Franci	s J. Collins		250 DAT	E REC'D. BY REGISTEAR THE REGIS	STRAR'S SIGNAT	URE
	50	1.414.447	lud. W Silver S		MD 20907 UL	2 1987 Julia De	ridgen . France	1600
6								



TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burnal-transit permit. Then please the with the State Dept. of Health and Mental Hygiene prior to burnal, cri IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or oth

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital

may be

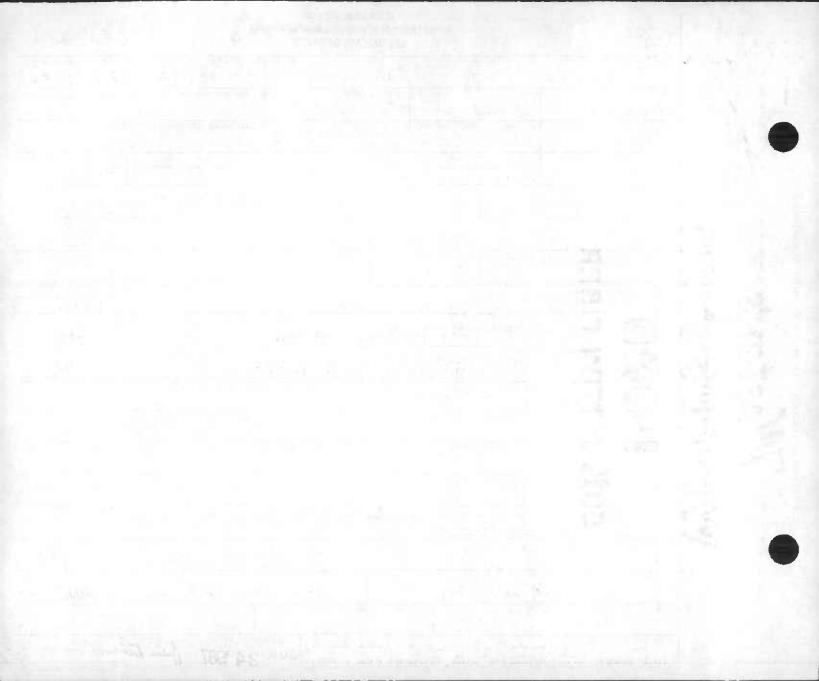
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	3	0	1	
		11		

11/2	291	REGISTRAR				REG. N	0			
-		EASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	YEAR	2h HOUR	
	[I Y PE	ORPRINTI I RENE	J	SAR	USLO	06	121	187	138 AM	
	3 SE>		4 RACE	5 DATE O	F BIRTH	& AGE (IN YEARS LAST BIR		UNDER YEAR	IF UNDER 24 HRS	
	Ĩ	EMALE	Caucasian	Sept	. 20°, 19°2°1	65	YRS	IN:HS DATS	HOURS MIN.	
9		RTHPLACE ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA DDIEG	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY C	F DEATH		
*		Ohio	United States	WIDOWE		Montgome		inty MD.		
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN		PROTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND OF BUSINESS OR INDUSTRY		
0		ckville	SHADY GROVE	1ADY GROVE ADVENTIST HOSP.				Retail		
5	130 S	TATE _ 13b COUN	other institution give residence before oty gomery Rockvi gomery Rockvi	V_	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	zip code ins Av	re.#52	6/20852	
-/	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE		LAST		
/		Joseph	Sanislo		Mary	Mille		Kepe		
7		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	AN YTIS	17 INFORMANT	ADDRI	ESS			
	n	O (II TES SI	277-14-1	L536	Anne I. Fle	etcher, sa	ame as	#13		
		PART I. DEATH WAS CAUSE	Ily ane cause per line far la , lb , and D BY TE CAUSE (0)		Moch			4 1	MATE INTERVAL DINSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF							1 22 1.	
40		Conditions, if any, which (16) REVIE MOTROI AN INFRANCE							d 100.03	
		gove rise to immediate couse (o), stating the underlying cause last	DUE TO, OR ASIA CONSEQUE	NCE OF	Gealt PINER	Æ		5-	FAR	
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	n was performed	200 AUTOPSY?		WERE FINDIN		
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)		
	MEDICAL	216 INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
Ì		saw the deceased alive on	tal) attended the deceosed from)on	that in (my) (aur) opinion (deoth occurred on the d	ate and hour		that (I) (we) fast	
		226 SIGNATURE	We have body offer death	[DEGREE ATTENDING PHYSICIAN	MEDICAL STA		G G	SIGNED 1187	
		22d PHYSICIAN'S NAME (TYPE)	HAPT M)		220 ADDRESS 51	WADY GREVE	Po.	Pecke	NUF- W	
	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	24, 1987 Ga	ate c	emetery or crematory f Heaven	23d LOCATION CITY OF TOWN	Sprin	county Ma	state	
B4	The funeral director obert A. Pumphrey Funeral Home 100 Date Recipitation Registration Registrat									



injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18

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FOR

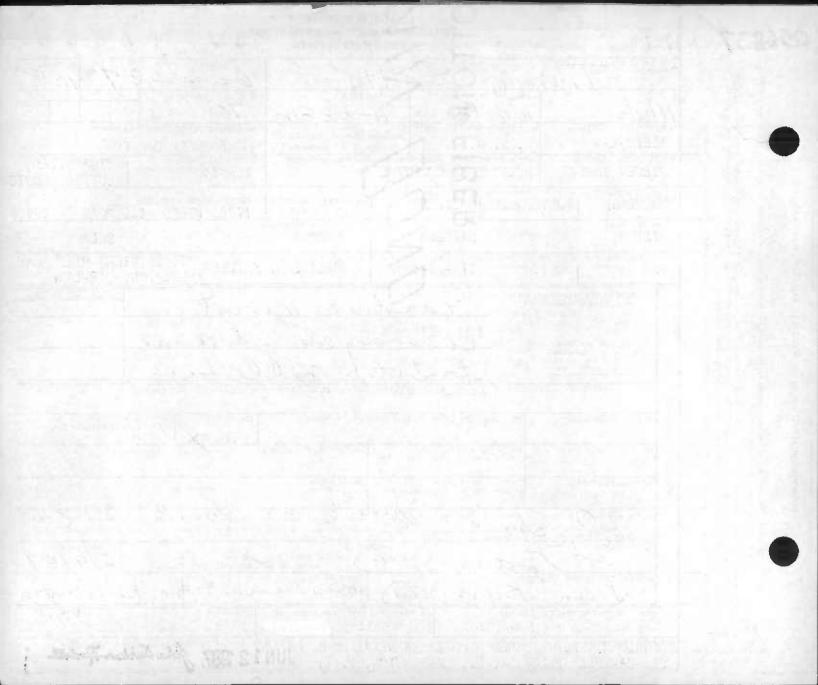
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	100
CERTIFICATE OF DEATH	-
	_

1-	STATE REGISTRAR			0117	CERTIF	ICATE OF DEATH	8 / REG.	NO.	1 3	0)
	CEASED NAME	EIRST VI	nq.	MIDDLE	aff	lar	20 DATE OF DEATH	MONTH E	BT YEAR	26 HOUI	R 15P M
SE	Tale	Í	WhI	10	S. DATE C		6. AGE (IN YEARS LAST	YRS.	IF UNDER TYEAR	IF NOER	24 HRS MING
-COUNTRY			u. s.	WHAT COUNT	MARRIE	D DIVORCED	9 BALTIMORE CITY MONTGOME	RY COUL			MD.
S	ILVER SPRI	NG	HOLYNE	RUSS HO	SPITAL	DR OTHER INSTITUTION	TYVENDINGS	TION TOF WORKING LIFE	12b CTP A INDUSTRA COFF		ESOR MUSIC
	ARYLAND		OMERY	WHEAT'U		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			2	20906
	ILTONST	M	IDDLE	SATTLE	R	REBECCA	WIDDIE		SKLA	R	
	VAS DECEASED EVER		MED FORCES? WAR OR DATES!	215-03		PAULINE M.	SATTLER,	F1925 (WHEATON	VIERS M V. MARY		ROAD
NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES S		H?		
MEDICAL CEI	21g. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR! WHILE NOTIFY MED) 22g. Certify then (I) Sow the eccess obody (III (IV e) (2) 22g. SIGN.	CAUSE OF DEAT CAL EXAMINER) RED HILE RE Othis Odd A T The	P. 21e PLACE LAT HOME STI The body	M. MONTH M. OF INJURY REET, FACTORY OFFI e deceased fro	m frage (S)	216 LOCATION SIREET 216 LOCATION SIREET ATTENDING PHYSICIAN 222e ADDRESS 10500 Suc	to to deoth occurred on the	dote and hour	COUNTY	thoy I ()	ve) lost
	BURIAL, CREMATION,		236 DATE 06/10/			emetery or crematory litan Cremator	y Alexand	ria, Fa	irfax	Vir	ginia

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DONALDREM'OR STEIN HEBREW MEMORIAL FUNERAL 232 CARROLL STREET. N. W. WASHINGTON, D.



STATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 /		1	3	0	
REG. N	10				
TE OF DEATH	MONTH	DAY	VEAR	25 H	011

2	1 87	FOR STATE REGISTRAR		DEPARTA		ICATE OF D		REG. NO		1 3	0/
		CEASED NAME FIRST	GRAI	HAM		HREINER		JUNE,		987	2: 50PM
	3 SE)	(4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER YEAR	IF JNDER 24 HRS
		MALE	CAUCAS	EAN	OCT	23	1914	72	YRS		
7	0	RTHPLACE STATE OF FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER N	ARRIED -	9 BALTIMORE CITY O	_	Y OF DEATH	
1		ASH. DC	USA	A HOSPITAL, NURSIN	WIDOWE		ORCED	MONTGOMER		12k KIND O	MD. F BUSINESS OR
7	BI	ETHESDA	NAVA	AL HOSPIT	ADDRESS)	OTHER INST	TOTION	RETIRED			
	13a S		NTGOMERY	ROCKVIL	N	13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS / 4703 OXBOW	ZIP CODI	20850	
ï	14. FA	THER'S NAME	MIDDLE	LAST			IRST	MIDDLE		LAST	r
		LUTHER	EDMUND	SCHREIN		AN 17 INFORMAL		MAY	55	JACK	
1	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1942–1975 579–01–6038 HELEN E. SCHREINER WIFE SAME							ME AS 1	3 .	
	18 CAUSE OF DEATH Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Lost of the underlying cause lost.									BETWEEN	MATE INTERVAL ONSET AND DEATH
	NO	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONE	DITION GIV	VEN IN PART TIO	,
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO 🔀	IN CERTI	S, WERE FINDIN FYING CAUSES ES [
7	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.	m. month da m.	Y YEAR	21c HOW IN.		ED (ENTER NATURE OF INJUR	Y IN ITEM IS	PART OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	DE INJURY REET, FACTORY, OFFICE FA	ARM, ETC]	STREET		CITY OR TO	VΝ	COUNTY	STATE
		22a certify that (I) (this he sow the deceased alive abave, (I) (we) (did) (did	. 19 JI	JNE 19	87	MAY nd that in (my) (., 19 <u>87</u> aur) apinion d	, to19JUN death accurred an the do			
		226 SIGNATURE Clevard	P. Fox			1D. A		MEDICAL STAF		20 8	une 87
		E.P.FOX, MO				NAVAL		AL, BETHESD	A, MD	20814-	5011
		BURIAL, CREMATION, REMOV	VAL 236 DATE	23c. N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE

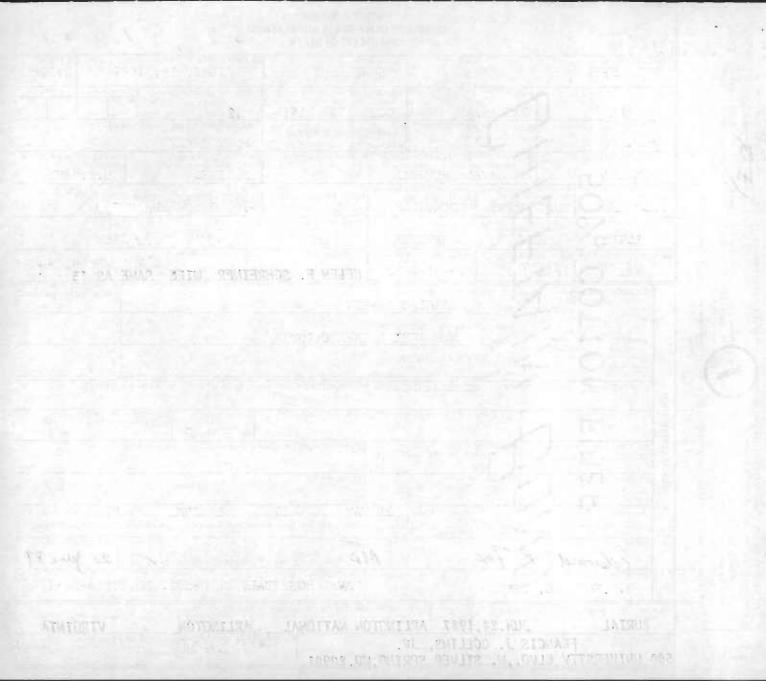
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

BURIAL JUN.24,1987 ARLINGTON NATIONAL

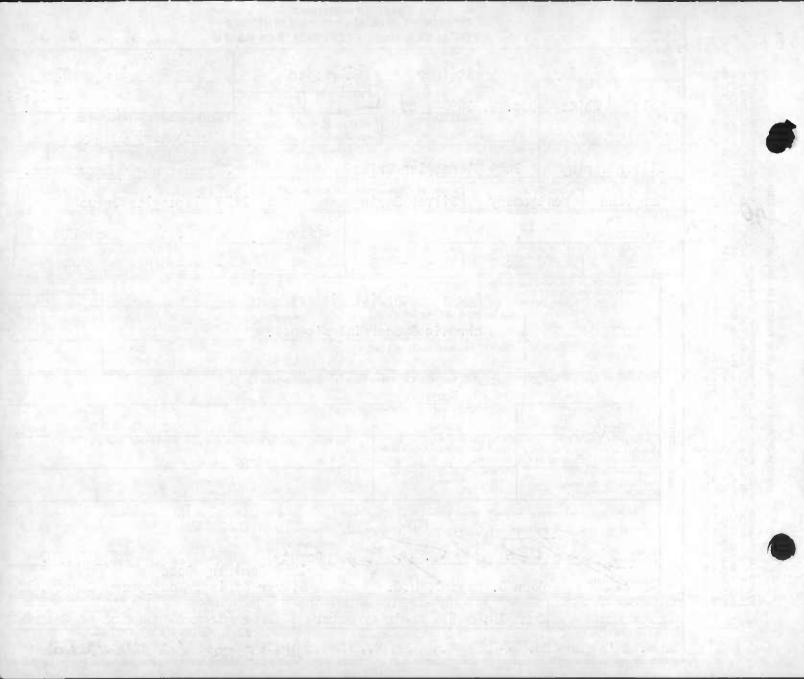
THE FUNERAL DIRECTOR FRANCIS J. COLLINS JR.

THE STANCE OF THE PROPERTY BLVD., W. SILVER SPRING, MD. 20901



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 28. DATE KNOWN X (TYPE OR PRINT) OF DEATH MATED Rov Steiner 6/9 Schroeder DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY :45 PRONOUNCED DEAD 1897 89 White Male Dec. 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick, Maryland United States DIVORCED Montgomery County IR CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3474 Gleneagles Drive Silver Spring Ret. Accountant-Commerce Dept. 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Silver Spring Mon tgomery 3474 Gleneagles Drive Maryland NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Scholl Frank Schroeder Lilv M. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Yes, no or unknown) World War I 215-18-9455 Margaret R. Schroeder (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF RITING THE WORD "PENDING" IN PENCIL IN RECED TO THE CHIEF MEDICAL EXAMINER AE 3 SHOULD BE USED AS A BURIAL - TRANSITE DEPARTMENT OF HEALTH AND MENTAL IN 201 PRICH TO BURIAL, CREMATION, ON RE Canditions, if any, which chronic myocardial disease. gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION None 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X None 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 211 LOCATION CITY OF TOWN WHILE NOT WHILE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTHORE, MARYLAND, 2 228 I certify that I took charge of the remains described above, held an Autapsy Inspection Natural causes X death resulted fram: Accident-Undetermined manner TITLE (SPECIFY ACTUAL 6/9/87 Deputy Seminary Road SIGNATIONE EXAMINED'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 23a BURIAL CREMATION REMOVA Washington, District of Columbia Lee's Crematory Cremation June 10,1987 07 84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC200021 dia Dividion Pondage (VR A15 ME (5))

STATE OF MARYLAND



FOR

of director, page 3 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1.	- STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. N	0.	0	0 7
	CEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	C ON PRINTI	Ronald		S.	Schw	artz	June	9, 198	7	6:00a m
3. SE	Х		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	Male		Caucas	ian	Feb.	ruary 6.1937	50	YRS	DA75	MOORS MIN.
	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	ashingto	n. D.C.	United	States	WIDOW		Montgome	ry Coun	tv.	MD.
_	ITY OR TOWN O		11 NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	OF BUSINESS OR
_	aithersb		11805	Silent \	/alle	y Lane	Dir. Specia			uters
	AL RESIDENCE (I	136 COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Ma	aryland	Mon	tgomery	Gaithers			11805 Sil	ent Val	ley La	ane/20878
14. E	ATHER'S NAME		MIDDLE	£AST		15. MOTHER'S MAIDEN NA	ME MIDDLE		1.00	
	Leo		MIDDIE	Schwart	Z	May	June		Bras	ff
	WAS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
(YES, NO OR UNKNOW		tnam	346-30-24	198	Marcia E. So	hwartz. Sa	me as #	13.	
_				line for ta , tb1, apr		1101010 11 0	, ,			IMATE INTERVAL ONSET AND DEATH
		TH WAS CAUSE	D BY:	Lung C		ER			19/	MONITHS
		IMMEDIA	TE CAUSE (o)	24110	7	VI			107	
			DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if		(b)_						-	
	cause (a),		DUE TO, OI	R AS A CONSEQUE	NCE OF					
	onderlying	.0036 1031	((c)							
NO	PART 2 OTHER	SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART NO	0
MEDICAL CERTIFICATION	190 DATE OF O	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V		NGS USED OF DEATH?
F			N .				YES NO X	YES	_	NO [
ER	210. ACCIDENT W		216. TIME O			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
AL		CAUSE OF DE	1111	M. MONTH DA	Y YEAR					
DIC	21d INJURY OC	CURRED	21e PLACE		19	21f LOCATION				
ME	WHILE N	OT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OF TO	/ NWN	COUNTY	STATE
		AT WORK	. I) - 44 d - 1 .4b	1		-15 085	. 6/	8 10	87	ab a strate of the strate
		ease alive or		Georgesed from	7	nd that in (my) (our) opinion (death accurred on the d	ate and hour a		that (I) (we) last
	A Above, (ii) 6	tud (Liddle	the bady	after death.				are one noor a		
	218 SIGNATUR	AIX	W SV.		M.	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
	Mari	V.	IN P	1		PHYSICIAN X	XDIRECTOR PHYSI	IAN 🗌	June	9, 1987
	224. PSIVSICIAN	S NAME (1991)	DE PHINCIL			22e. ADDRESS				
	Haro	ld S. M	lirsky. 1	M.D.		730 24th Str	eet N.W. Wa	shingto	on, D.	C.20037
	BURIAL, CREMAT	ION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Cr	emation	June 9	,1987 Mei	ropo	litan Cremato	Alexand	ria .	V	irginia
24 F	UNERAL DIRECTO	PRobert						25 REGISTR	AS SHOPAT	Kindall
Re	ock∀ille ockville	, Inc 30	West F	hrey Fund lontgomery	Avei	nue '		1.0		
	JCKVIIIE	. I'ld I V Ld	114 2000							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the intending physican and should be detached for use as the burial-stransit permit. Then place a many carbonapping than with the State Dept. of Health and Mental Hygiene prior to burial, committee, as interestal.

injury, or oth

IMPORTANT: If Item 21 is morked or Item 18 sho

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attention physician and campletely filled in by the funeral director page 3 in a strong pages 1 and 2 should be filled within 72 hours after death

event, the medical examine must be natitied of cace

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO	1	7	3	1	4
	REG. NO					

REGIS					CERTII	FICATE OF DEATH	REG. NO		1 0	/ 0
1. DECEASED		FIRST		MIDDLE	0	LAST	20 DATE OF DEATH	MONTH DA		2b. HOUR
		AGr		H	26	ELBY			587	6.15
3 SEX			4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) (F	FUNDER YEAR	IF UNDER 24 H
F	emale		Whi	te		ie 19, 09	78	YRS		
70 BIRTHPLA	CE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
New Y	ork		U.S.A		WIDOW	EDXX DIVORCED	Montgomer	V		
10 CITY OR I	OWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS
Silver	Sprin	g		Cross Hos			Beautician		Self-	employ
USUAL RESID	DENCE UF NUR	136 COUN		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
Maryla	ind	Montgo	omery	Sil. Spr	ing	YES XX NO	805 Spring	vale Re	oad/20	910
14 FATHER'S	NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	
)	, m 37		NOWN			UNKNOWN			Conro	
			MED FORCES?	166 SOCIAL SECU	RITY NO		3 Tweed Cour	SS CE		
NC	R UNKNOWN)	(IF TES GIVE	WAR OR DATES)	189-03-7	237	Robert Selby/			nd 208	851
19 CA	ISE OF DEAT	H (Enter on	v one course co	line for ioi, (b), and				7 . (1)	APPROXI	MATE INTERVA
PA	RT I. DEATH V	VAS CAUSEI	BY:	CARDIC		JLMONARY	IADVITET	-	BEIMEEN	INSEI AND DE
NOI	TE OF OPERA	t Kn	rwoc) ,		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
00.00	CIDENT WAS UN		216 TIME C	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	ET (OR PART 2)	
(IF EIT	HER NOTIFY MED			м.	19					
WHILE AT WOR	JURY OCCUR	HiLE		OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR FO	NN	COUNTY	STAT
	,			ne deceased from		, 19	to			that (I) (we)
so	w the decease	did (did not	view the body	ofter death	. 0	nd that in (my) (our) opinion	death occurred on the do	te and hour o		
22b. S1	GNATURE	nant	hakro	10	1	DEGREE 1. ATTENDING PHYSICIAN	MEDICAL STAF		27c. DATE	SIGNED
22d PH	YSICIAN'S N	AME ITYPE OF	PRINTY	Dan ha	٨	22e ADDRESS				
14	UHU	44	M.K	HUJIN	.0,	L				
23a BURIAL, (SPECIFY)	CREMATION		236 DATE	23c N	AME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Remova		6-26-8	7 Ged	orget	own Med Schoo	1 Washing	ton,_		D.C.
24 FUNERAL	DIRECTOR	olumb:	ia Morti	uary Serv	ices	250 DAT	TE DEC D RY DECISTO AD	196 REGISTA	ARIS SIGNAD	URE
225 Mi	ssouri	Ave 1	WW Wash	ington,D.	C. 2	20011 JUN	130 1981	1		

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, co

TO HOSPITAL OR ATTENDING PHYSICIAN The low

RECEITED K. CROMED. and the state of t man fred to and I moved to

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 26 HOUR & AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR 5 DATE OF BIRTH DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MANAGER/SALES RETATI FURNTTUR 20895 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? KENSINGTON 3333 UNIVERSITY BLVD W. #1104 YESAT 15 MOTHER'S MAIDEN NAME MIDDLE MILDRED HOLTZ NATHAN SHANKMAN: 15101 INTERLACHEN DR #522 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 219-48-6537 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c MINUTES X SANGULNATION AS A CONSEQUENCE OF DISEASE DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DEFICIENCY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES 1 NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) II LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM ETC ! 220.1 certify that (1) (this haspital) attended the deceased from NOVEA BEE

190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIF EITHER NOTIFY MEDICAL EXAMINER

4 RACE

MONTGOMERY

IMMEDIATE CAUSE 10

NATHAN SHANKMAN

PART I DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying couse last.

sow the deceased alive an above in (we) (did) (did no

21d INJURY OCCURRED

AT WORK AT WORK

CERTIFICATION

MEDICAL

FOR - STATE

LIVPE OR PRINTS

3. SEX

REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

WASHINGTON.

MD, FCCP

DEGREE

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (an) apinion death occurred on the date and hour and from the causes stated

EDWARDS, MEHLMAN

BRADLEY BLYD

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) BURIAL 6/8/87

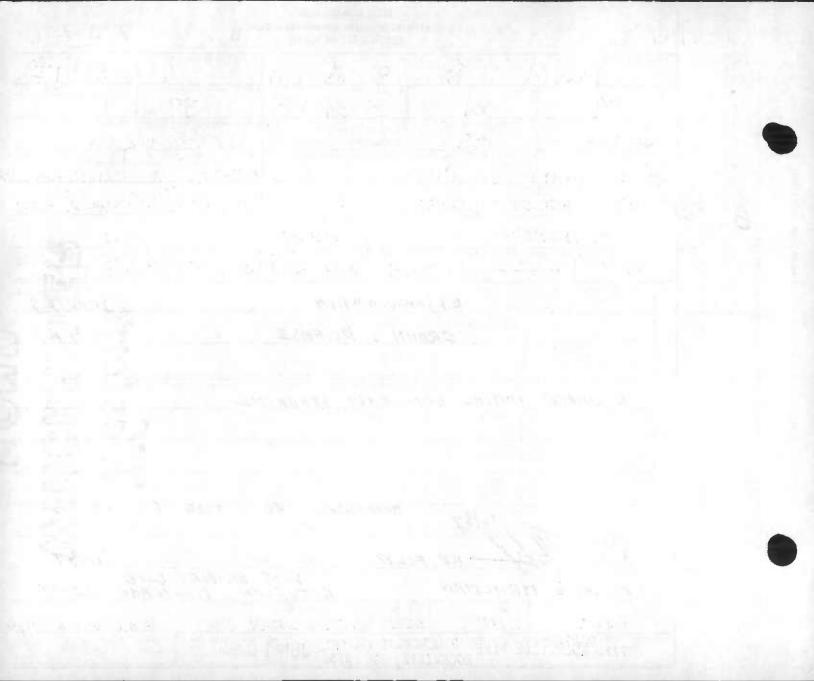
23a BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY JUDEAN MEMORIAL GARDEN

OLNEY

MONTGOMERY MARYLAND

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE FGGLDBERG MEMORIAL CHAPELS ROCKVILLE, MD 20852



	1					5	STATE (OF MARYLAND				
8 C 5 7 Juli	1	FOR SJATE REGISTRAR			DE	_		ALTH AND MENTAL HYG	IENE / REG.	10.	7 3	12
		E OR PRINTI	RST	í ^	MIDDLE	51	LAS	T	20 DATE OF DEATH	MONTH	DAY YEAR	2B HOOK
40 A		7	ACO	b	1.	24	API	ro		6	8 - 8,	1 p · UUU M
4 A	3. SE			RACE			ATE OF	BIRTH DAY	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER YE	AR FUNDER 25 MR
1 11 0		MALE		CAUCAS:		17010	4	- 1 - 99		88 YRS		
1 2 2 C	0 B	IRTHPLACE STATE OR FOREI		CITIZEN OF	WHAT COU	MA		NEVER MARRIED	9 BALTIMORE CITY	+ 40 M		
1/2 1-	10.0	RUSSIA		U.S.A.	HOSPITAL		ME OR	OTHER INSTITUTION	17a USUAL OCCUPA	TION	01 4	D OF BUSINESS OR
10 11 /28	S	ilver Spri	19	(IF NOT IN SUC	OIV	E STREET APPRES	22	Hospita	BUSINESS		E) INDUST	
in 24 hours	N A	IARYLAND N	COUNTY	OMERY	13c CITY O		ING	YES 🕅 NO 🗌	14508 HOM			23/ 20906
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ding physicic orbonpopers or removal.	7	18 CAUSE OF DEATH (E PART I, DEATH WAS		CAUSE O)	PAL	ib, ond com		yfewy 11	,		1200	CAMAIN FORREST
es that the death ned by the otten please remove a urial, cremation,		Conditions, if ony, what gove rise to immedicate to immedicate to immedicate to the course to the co	ote the ost	DUE TO, OR	AS A CON	ELLV SEQUENCE (OF.	OT RELATED TO THE TERMI	and dis		EN IN PART	No.
een sign	TION	19g DATE OF OPERATION	Tel III					WAS PERFORMED	20a AUTOPSY?			DINGS USED
the low	CERTIFICATION	THE DATE OF GREATION		I'M CONDI	HOIVIONV	VINCTOPER	ATION	WAS FERFORMED	YES NO		YING CAUS	SES OF DEATH?
CIAN: The physicic physicic relificate oli-tronsit and Hygie and 18 she		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	216 TIME OF	M. MONT	H DAY Y	EAR	21c How Injury occurr	ED (ENTER NATURE OF IN	JURY IN ITEM IB P	ART I OR PART	21
PHYSIC trending the burie and Men	MEDICAL	216 INJURY OCCURRED	100	21e PLACE C	OF INJURY	OFFICE FARM, ETC	2	TI LOCATION STREET	59	tion	countr	STATE
TENDING intal or o TOR: Afre or use os of Health		22a 1 certify that (I) (the sow the deceased of	we on]	40/2	7 /	from (1)	end.	that in (my) (our) opinion d	eoth occurred on the	dote and hour	ond from t	the couses stoted
AL OR AT the hosp the		obove, (h (we) (did)	did nof) v	, inex the book	4	rhow	7	GREE ATTENDING PHYSICIAN		AFF	6/8	* SIGNED
retoined by TO FUNER should be di with the Sto		MYROD	(TYPE OR PI	LENI	KIN		2	220 ADDRESS 230	9 SHOR	FILE	26	RB
BP		BURIAL, CREMATION, REN		236 DATE 6/10/	87	KING I	DAVI	NETERY OR CREMATORY D MEM. GARDE		HURCH	EAT RI	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	TT 70ROCKV	LANSK	Y-GOLD PIKE; 1	BERG N ROCKVI	LLE, N	HAPE UD 2	LS INC. 250 306 0852	1987	R 25 Y REGIST	and the state of t	ATORE

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	-7	0.0	1	
3	1	10	3	9
REG NO				

33	1 127	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	0.		
*.5		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2h HOUR
	(TYRE	E OR RRINT)	TON CLE	VELE SHAW			JUNE 4 19	87		4:27 P
	3 SEX	Х	4 RACE		S. DATE O		6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER YE	AR IF UNDER 24 HRS
	1	MALE	CAUCAS	IAN	OCTO	BER 11 1921	65	YRS	MONTHS DA	S HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
8		LOUISANA	UNITED	STATES	WIDOWE		MONTGOM	ERY		MD.
0	/III CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
/	1	BETHESDA	(# NOT IN 300	NAVAL HO		L	RETIRED			S.NAVY
115	30 S	AL RESIDENCE (IF NURSING TOME OF STATE RGINIA FAI	R OTHER INSTITUTION NTY RFAX	GIVE RESIDENCE BEFORE 13c CITY OR TOWN CLIFTO	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			22024
Z	FA	ATHER'S NAME	MIDDLE	LAST	300	15. MOTHER'S MAIDEN NAM	AE MIDDLE			LAST
	1	SILAS CER	BORNE SH	AW			ALICE THOM			
2		WAS DECEASED EVER IN U.S. AT	RMED FORCES?	166 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRE	SS		
)			1-1969	436-22-	8056	ELIZABETH W.	SHAW, 11707	CHAPE	EL ROAL	,CLIFTON,
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY.	DIT AME		VA 22024 PNEUMONTA			BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)			PNEUMUNIA				
		Canditions, if any, which	,	R AS A CONSEQUE		TIATED LEUKEM	TA			
		gove rise to immediate couse (a), stating the) (b)_			TIALED LEUKEN	IA			
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	O N									
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		27b. SIGNATURE P. T	> ola	m MD		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR			Jun'87
		22d. PHYSICIAN'S NAME (TYPE (OR PRINT)			1220 ADDRESS	L HOSPITAL			
		R. P. DOLAN	I. I.T. M	C. USNR			ESDA, MD 20	81/-5	011	
,	230 B	BURIAL CREMATION REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION	014-		
	(SPEC IFY)	June	6.1987 B	uried	at Soa	Atlantic	Ocear	off t	he Va

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other froumotic event, TO FUNERAL DIRECTOR. After this certificate has been signed by the attending p should be detached for use as the burial-transit permit. Then please remove corbony with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as rem

> 24 FUNERAL DIRECTOR Everly Funeral Home

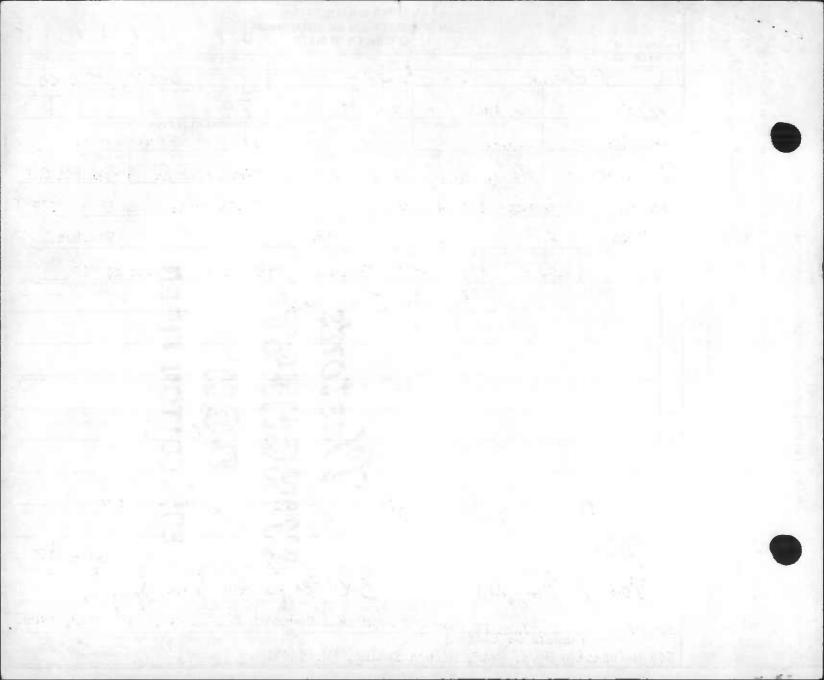
10565 Main St. Fairfax, Va

ADDRESS

250 DATE REC'D BY REGISTRAR 250 REGISTRAR S. SIGNATURE COAST

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oy be		3 SE)	FRAN	4 RACE	G.	5 DATE O	E RIPTH	6 AGE (IN YEARS LAST BIR	CHDAY IF J	DER I YEAR IF L	JOO M
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er de	P		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		Th. KIND OF BU	SINESSOR
s ofte	唐	S	dux Spring	HOLU	CH FACILITY GIVE STREET A	Chef	es HSP	Plant Mana		egetabl	e Oil
hour d in d	- 997 /	130 S	L RESIDENCE IN NURSING HOME OF		13c CITY OR TOWN	V 1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
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leoth frenc	ion, c		Conditions, if any, which	(1b)	DR AS A CONSEQUE	NCE OF					
the d	er tro		gove rise to immediate cause (a), stating the		DR AS A CONSEQUE	NCE OF	Par III				
thot d by	or oth		underlying couse lost.	(c)_							T. CLL
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DHMH - 16			INERAL DIRECTOR Franc					E REC'D. BY REGISTRAR	256 REGISTRAR	elder kan	dest
(VRA 1	5, 4)	50	O University B	cua. We	st, silver	Spru	ng, Ma. 70901	INTO 1097	100	0.000	

CTATE OF MADVEAUD



6121 311 0

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.			- 3	8.
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
June 4, 1987				P
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
82 YRS	MÖN HS	BAIS	HOURS	MIN
9 BALTIMORE CITY OR COUN	TY OF DE	ATH		

Montgomery County 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY

Law 13e STREET ADDRESS / ZIP CODE

8505 Springvale Road

Tyson Roland Avenue 21211

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

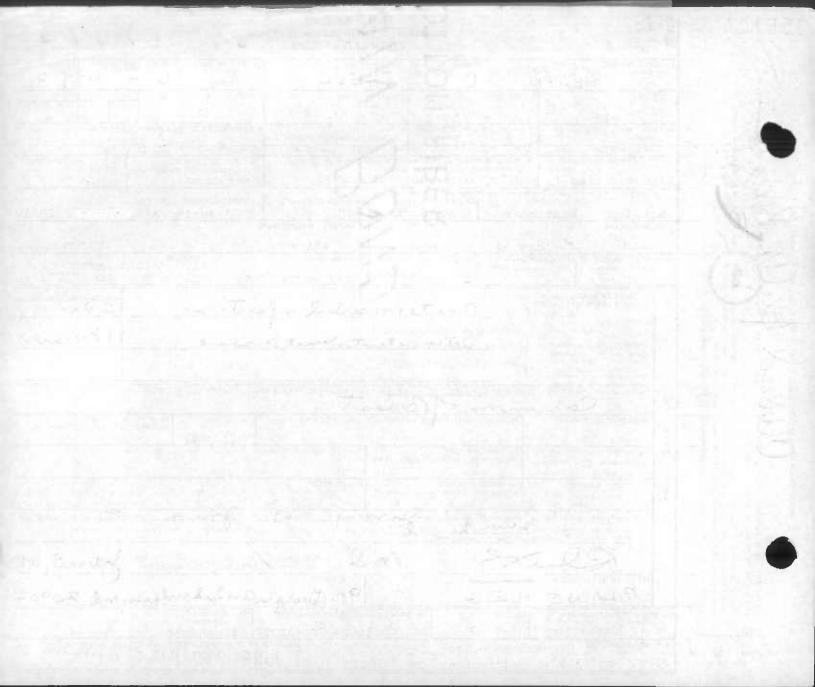
that (I) (we) last

and that in (my) (aur) apinian death accorded an the date and have and from the causes stated 22¢ DATE SIGNED

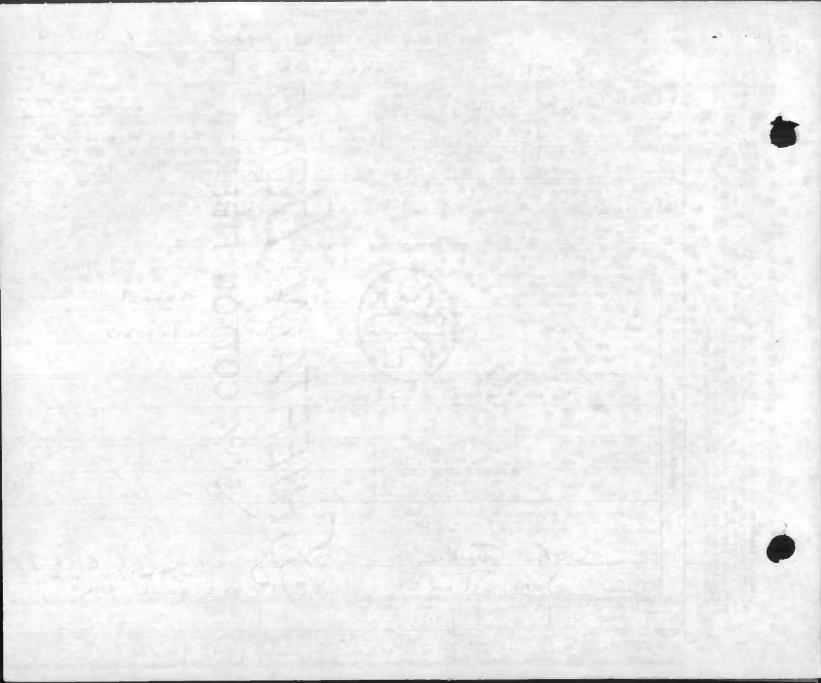
Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Richard Rapp, Inquiress

P. O. Box 43352, Washington,

ulia Dividson. 102 20010



STATE OF MARYLAND



STATE OF MARYLAND

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FOR - STATE REGISTRAR		DEI	PARTMENT OF HEALTH AND ME CERTIFICATE OF DE	
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REGISTRAR							KEG	NO.				
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\\	ale	Whi	te	19	26	04	82	YR:	5			
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60 WAS DECEASE		RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMA	NT	ADI	DRESS 7	10904	+ Wax	wood	Ct
I YES NO OR UNKN		IVE WAR OR DATES)	275 00	FOOE	7 70-	home Ci	hammad.					
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underlying	cause last	(6)										
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OR CONTRIBUT	ING CAUSE OF D	EATH HOUR A	M. MONIH	DAY YEAR								
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abave/	deceased alive o	at view the bady	ofter death	<u> </u>		(Day) aprillari c	seam accorred an me	dare and				urea
226. SIGNAT	WRE -	111-	,		DEGREE					220 DATE	SIGNED	-
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DHMH - 16 60M 7/84

10 FUNERAL DRECTOR shauld be detoched for us with the Store Dept. of Hec APORTANT # #

(VRA 15, 4)

Burial 6/12/87 Gate of Heaver
The Funeral Director Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C. 20016 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE LANGUES.

JUN 1 7 1987 Julia Devider Landers.

the state of the s A set fire same of allie bearing -- charten . 20 Bookers 19802 --- II- 7-7 No. J. chart Shorwood, T., secretion, My

			REGISTRAR					REG. NO			
			CEASED NAME FIRST	A	MADDLE	/	AST.	20 DATE OF DEATH MC	ONTH DAY	YEAR	26 HOUR
9.0	deoth deoth	IVPE	HARR	Y WILI	LIAM SI	GMUND		JUNE 18, 19	87		9:00 PI
À0	600 P	3 SEX	,	4 RACE		5 DATE C	OF RIPTH	& AGE (IN YEARS LAST BIRTHD	AY) IF	INDER I VEAR	IF NUER THRS
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MARYLA d within	and 2 sb	JA FA	THER'S NAME WILLIAM	MIDDLE	SIGMUND		IS MOTHER'S MAIDEN NA FIRST CARRIE			MABERE	RY
in cote	S los		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS			
IMONI exe	ono peo peo		NO IF YES GIV	E WAR OR DATES)	178-01-6	494	MARGARET KEI	BER SIGMUND,	WIFE,	SAME	AS ITEM
T., BALT	IN		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA				LORFOTAL C	ARCINOMA		APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 INC. BALTIMORE, MARYLAND 21 INC. PHYSICIAN: The low requires that the decumental to the executed within 24 hore of other ording physician.	gned by the or the please remote the buriol, cremoten by, or other from the		Conditions, if any, which gove rise to immediate couse a stoling the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO [INCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 1 o	
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Pital or prital or	TOR. Afternoon of Health	-	220 I certify that (I) (the saw the deceased alive on bove, at (we) (did no	J WVF	190		d that in (my) four) opinion in	to JUNE 18	ond hour an		ouses stated
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O HOSPI	hould be with the S		AMES A	BROW	UN Mi	5	Pre ADDRESS 14800 ROCK	VILLE, MD	5061		-3~
0.477	1/1/1		BURIAL, CREMATION, REMOVAL SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Č	DUNTY	STATE
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	H - 16 60M 7/84		NAME	ARD RAP				L NEC D. DI NEGISTRARI (230.	REGISTRAK	SSIGNATU	(C
{	(VRA 15, 4)	P	. O. BOX 43352,	WASHING	GTON, D.C	200	10	WUND anno	1000		

CERTIFICATE OF DEATH

Film #G629, Item #13c., STATE OF MARYLAND

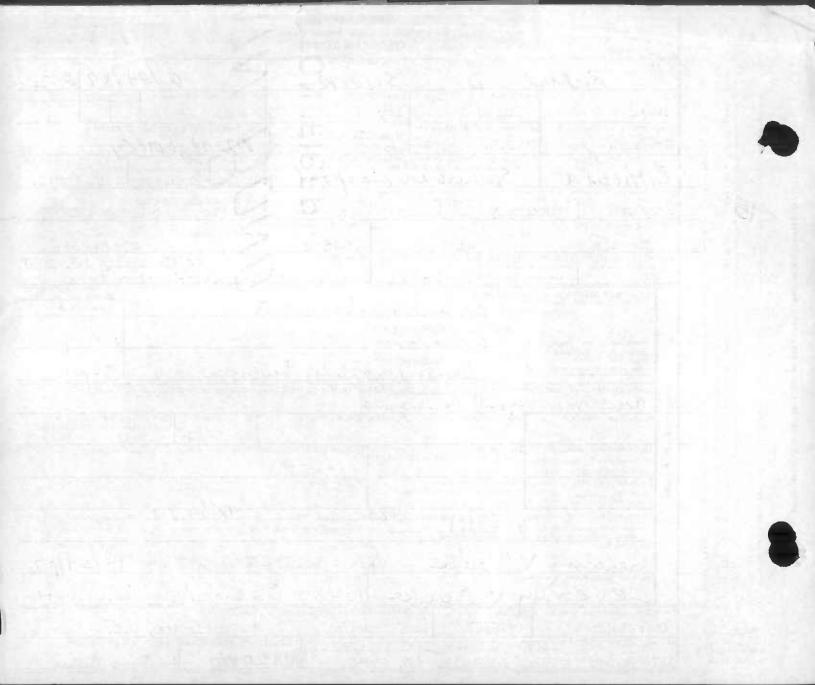
157 32 4 JULY 2 FOR 7/9/87, sjb DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DALLIMORE, MARKILLAND 2.1.201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after delar rage 4 may be	retained by me mospinal of alternating physicians.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely Nedwin by the funeral director page 3.	should be detoched for use as the burial-transit permit. Then please remove corbanpopers. Pages Inand 2 should be filed within 72 haurs after death	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

						STAT	OF MARYLAND		
	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	17379
JUN S		CEASED NAME OR PRINT)	har		MIDDLE	5,	IVER	20. DATE OF DEATH MONTH	134 /87 2 35 M
	3 SE	Male BIRTHPLACE (STATE OR FOREIGN		White			18, 1938 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOOKS MIN.
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er must be	130. S Ma	ryland	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Gsithers	N	YES 🕅 NO 🗌	13e.STREET ADDRESS / ZIP 0 9508 Whetstone	
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event, th		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	one couse per BY CAUSE (o)	line for (a), (b), on	lester	a for ani	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or other		couse (0), stating underlying couse	lost.	(10)	RAS A CONSEQUI	my	elocutis fer	Mane-	341
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nows on	CERTIFICATION	190 DATE OF OPERAT		1		OPERATIO	N WAS PERFORMED	YES NO NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
Item 18 s	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P.,	m, month d. m.	AY YEAR	ALC: N	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)
orked or	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE C		REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		22a. certify that (1) sow the decease above, (1) (we) (d	a onve on_		1 1 1 1	, or		death occurred on the date and	, 19, that (1) (we) lost thour and from the causes stated
T. If Her		226. SIGNATURE	m	VC0	-s/le_			MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 24/77
MPORTANT		22d. PHYSICIAN'S NA	n	PRINT)	6001	<u></u>	1270. ADDRESS	onn Are	(couring for
_	C	BURIAL, CREMATION, F SPECIFY) remation		6/26/8	87 Le	e Cre	emetery or crematory matory	23d LOCATION CHIT OR TOWN Washington	
7/84		UNERAL DIRECTOR DA			VDOKE 33		PIECHAL	2 9 1987 August 256. RE	Distrar's SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



etained by the haspital or attending physician

BP.

DHMH-16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

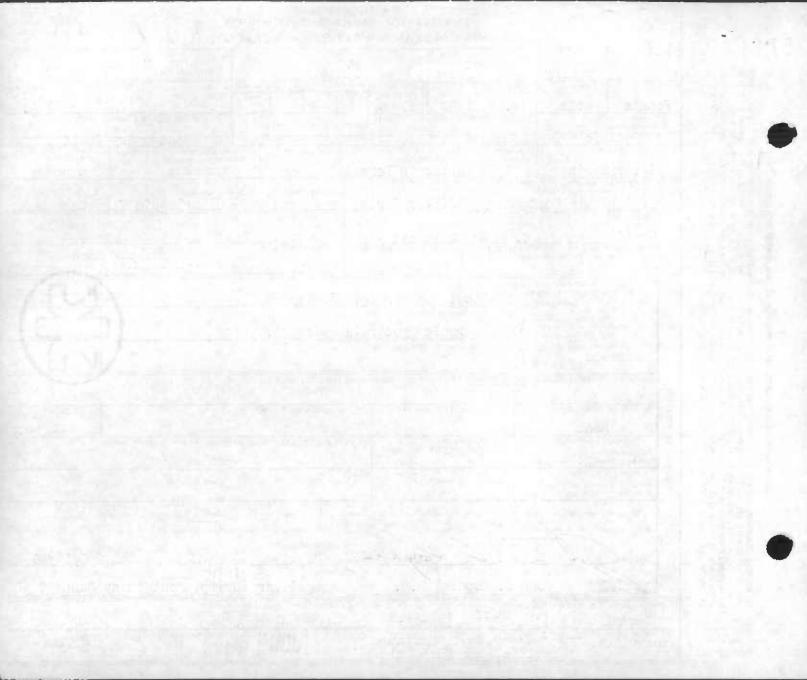
	REGISTRAR						REG.				
	PECEASED NAME	FIRST		WIDDLE		LASI	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	or vallety	JAN			511	LUERMAN		6	16	37	9:20
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232 CARROLL STREET, N. W., WASHINGTON, D. C. JUN 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X DEATH MATED Marv Frances Simmons 10 IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED White Nov. 30,1923 63 DEAD 19 87 Female Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE IS ATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States WIDOWED T Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 24 USUAL OCCUPATION LITTE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Silver Spring 2006 Harlequin Terrace Homemaker Own Home 13e STREET ADDRESS 13g STATE 13d INSIDE CITY LIMITS? Silver Spring 2006 Harlequin Terrace Montgomery Maryland IS MOTHER'S MAIDEN NAME MIDDLE FIRST David Katie Miller Thompson 1617 Norbeck Road 579-20-3429 Gloria Johnson Silver Spring, Md. 20906 18 CAUSE OF DEATH (Enter only one cause per line for (a., (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which chronic myocardial disease. . WRITING THE WORD "PENDING" IN PENCIL WARDED TO THE CHIEF MEDICAL EXAMINER PAGE 3 SHOULD BE USED AS A BURIAL TRANSTATE DEPARMENT OF HEALTH AND MENTAL I 21201 PRICR TO BURIAL, CREMATION, OR REF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OF TOWN STATE WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE SIY BALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection Natural causes X deoth resulted fram-Accident Undetermined manner TITLE (SPECIFY DATE SIGNED ___ 6/14/87 Deputy MEDICAL EXAMINER 919 Seminary Road EXAMENTS NAME John S. Rogers, M.D. Silver Spring, Montgomery County, MD TAPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE June 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 18, 1987 Parklawn Memorial Park Rockville Maryland 07 84 Rockville, Inc. 300 West Montgomery Aye.

Rockville, Maryland 20850 TO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17**

(VR A15 ME (5))



FOR 1 - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

ema

I STATE OF FOREIGN

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS

OR TOWN OF DEATH

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Conditions, if ony, which gove rise to immediate couse (a), stating the

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OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

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23a BURIAL CREMATION, REMOVA

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IMMEDIATE CAUSE (0)

DEPARTM	ENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	1 /	Ö	8 4)
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4- GROCHA	KK	170 ADDRESS 6- 1106	SPLUG 9	17- 41	14/00	2 Ze	910

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

June 4,1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Francis J. Collins, Jr. 250 DATE REC'D BY REGISTRAR 250 REGISTRAR SSIGNATURE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

250 DATE RECID BY REGISTRAN 256 REGISTRAN'S SIGNATURE

24 FUNERAL DIRECTOR University Blvd. West. Silver Spring, Md. Materian Cale Hiller & David THE SERVERY CHERRICANS

FOR

STATE
REGISTRAR 1 DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH DAY

	OR PRINT) MINN	IE		SIM	ONS	JUNE 29,1987	7	9:30	D A
3 SE	FEMALE	4 RACE WHITE		5. DATE C	30, DAY 1901 EAR	6 AGE (IN YEARS LAST BIRTHDAY) 85	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	=
	RTHPLACE (STATE OR FOREIGN COUNTRY). ARYLAND	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OR COUNTY MONTGOMERY COL	TY OF DEATH	M	D.
	TY OR TOWN OF DEATH OTOMAC - RUCKVILL		HOSPITAL, NURSIN		or other institution, (20854)	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b. KIND O INDUSTRY AT	F BUSINESS OF	~
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	ABRAHAM	MIDDLE	FRIËMAN		IS. MOTHER'S MAIDEN NAME FIRS FANNI		UNK	Nows)	
N	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	215-52-		9229 PADDOC			20854	
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CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []		
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MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	22a I certify that (I) (the saw the deceased alive or above, (I) (value) (did no	6/12	19	87. or	, 17	to JUhP 2 7		hot (I)) loss couses stated	1
	22b. SIGNATURE Cus	ا ا			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/2	9/87	
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(BURIAL, CREMATION, REMOVAL	JULY 1,	1987 A		EMUNAH	BALTIMORE	COUNTY MA	RYLAND	
	INERAL DIRECTORSOL LE	VINSON & N RD. BA	BROS ALTO., MD	. (21	215) 25a DATE	REC'D. BY REGISTRAR 256 REGIS	Jordan	Paralle	

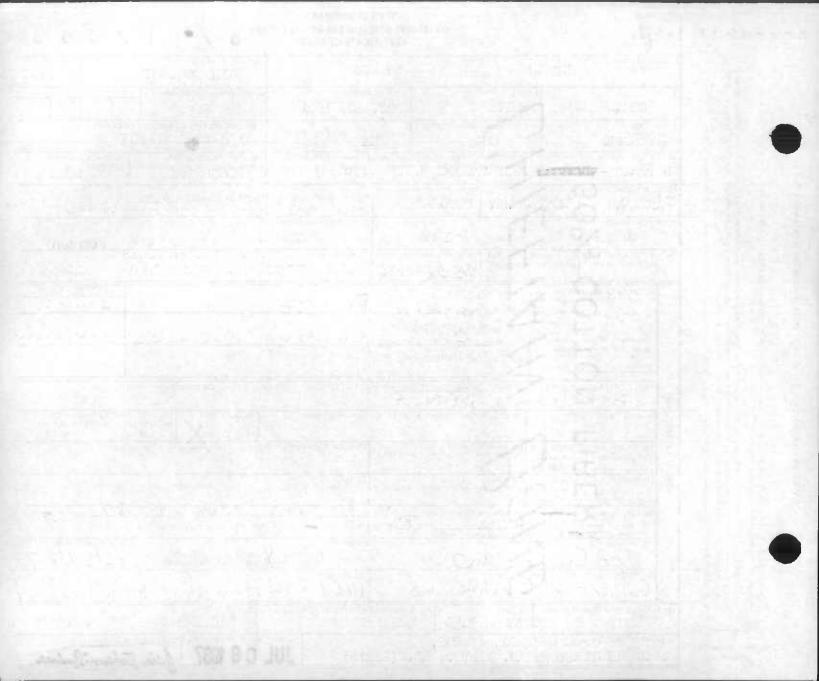
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please re with the State Dept, of Health and Mental Hygiene prior to burial, crer

IMPORTANT: If Item 21 is



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Page 4 may be

director page 3

FOR

STATE OF MARYLAND)
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DEPARTMENT OF HEALTH AND MENTAL HY

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DHMH - 16 60M 7/84

TO HOSPITAL OR

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TO FUNERAL DIRECTOR—After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

Edward Singer Moles Commins 12-24. 10 Ash Market L. C. M. S. A. stark, Insure then There follows was dead of a factorial and the first terms THE SERVE OF SERVE OF SERVER SERVER The second of the second second venter

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DIVISION	THIS CERT WARDED PAGE 3 SH TATE DEP	MEC	WHILE AT WORK					DRY FARM ET			(REE)			CITY OR TO	WN		COUNTY		STATE
	MEDICAL EXAMINER: TRECUTE THE CERTIFICATE, ACCUTE THE CERTIFICATE, ACCUTE THE CORMAN OF FUNERAL DIRECTOR: P. F.F.R. PERFERENT MITH THE STATIMORE, MARYLAND, 2		death result			af the rema	9	ribed abo		Autap	Homie	Inspection cide .		Inquiry ermined mo		and in my	apınıan		
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	MEDIC. CUTE TIS SE 4 SF FUNER ITMORI	13	EXAMINER'S TYPE OR PRI		PAVI	A	j	05	- Voe	E MI	DDRESS_	203 6	WE	NSBL	sky 1	ep 1	lyat	truile	MA
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.BL	RIAL, CREMA	ATION, REA	MOVAL 231	DATE		23c N	IAME OF CE	EMETERY O	RCREMATO	ORY	23d LO	CATION			WINTY	STA	ATE
	BP	1,31	Remo	val		6-19-8	37	Kr	otts	Funer	al Ho	me		ford	, NC				
	DHMH - 17		NERAL DIREC	CTOR			ADDRESS				1	250. DATE	REC'D. BY	REGISTRA	162	IST INR'S	SIGNAT	URE	
		(-	oprago	D C	nos. zoo	20	Dog	(2777] "	I NIT	2005	0	HIM			THEFTHE	ALL/Y CLEAN		CANTON	

(VR A15 ME (5)) 20M 4.82

George R. Snowden

ROCKVIIIe, MD 20850

The Contract of the State of Land of State of St

FOR

REGISTRAR

Edgerton

4 RACE

Caucasian

1 DECEASED NAME

1 - STATE

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH Smith June 3, 1987 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH September 7,1914 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County, United States WIDOWED 12ª USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Founder/President Visual Systems Suburban Hospital 13e STREET ADDRESS / ZIP CODE 19 Pettit Court 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 20854 Potomac NOIX Smith Tindel1 Nellie Agnes ADDRESS 17 INFORMANT Mrs. Frances M. Smith, Wife, Same as #13

16b SOCIAL SECURITY NO. 577-05-9874

N.

TO IF YES WERE PHIDINGS USED IN CERTIFYING CAUSES OF DEATH?

6:40PM

AKDIOM YOU DUE TO, OR AS A CONSEQUENCE OF

71% THAT OF INJURY HOUR AM. MONTH DAY

THE PLACE OF INJURY

OF HOME STREET FACTORY OFFICE FARM TICL

YEAR

THE CONDITION FOR WHICH OPERATION WAS PERFORMED

NOX THE HOW INJURY OCCURRED TRAINING OF NAME AND ADDRESS OF PARTY

20 ALITOP

TH LOCATION

COUNT

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

June 4, 1987

22e ADDRESS

5413 W. Cedar Lane Bethesda, Maryland 20814

and that in Imy (our) opinion death occurred on the date and hour and from the course stated

CITY CIE TETRAIN

Robert C. Daddario, M.D.

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

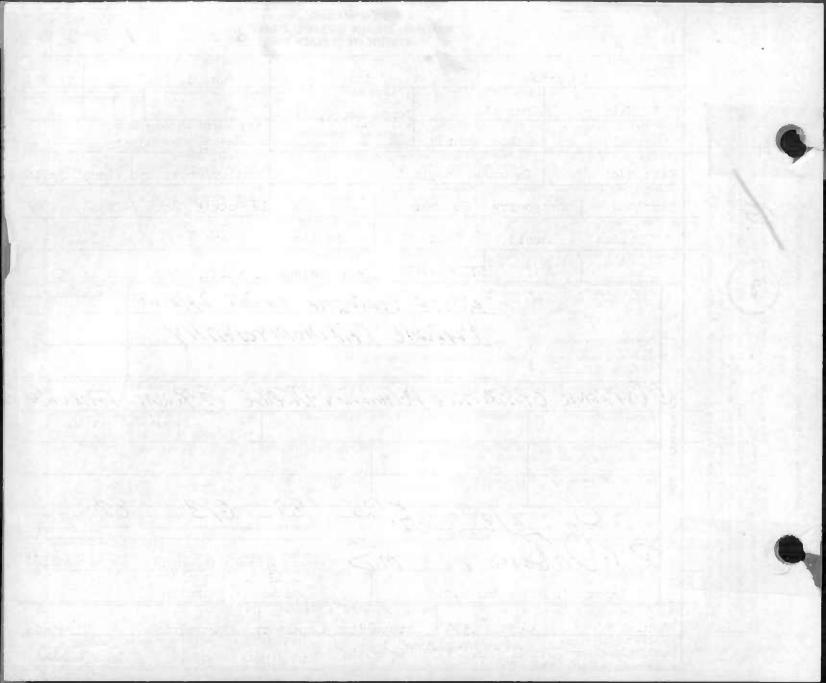
Virginia

June 4 .1987 Metropolitan Crematory Bethesda-Chevy Chase, Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave Rethesda Maryland 20814

Alexandria

250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dividson Pandalle

DHMH - 16 60M 7/84 (VRA 15, 4)



250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividion Randals

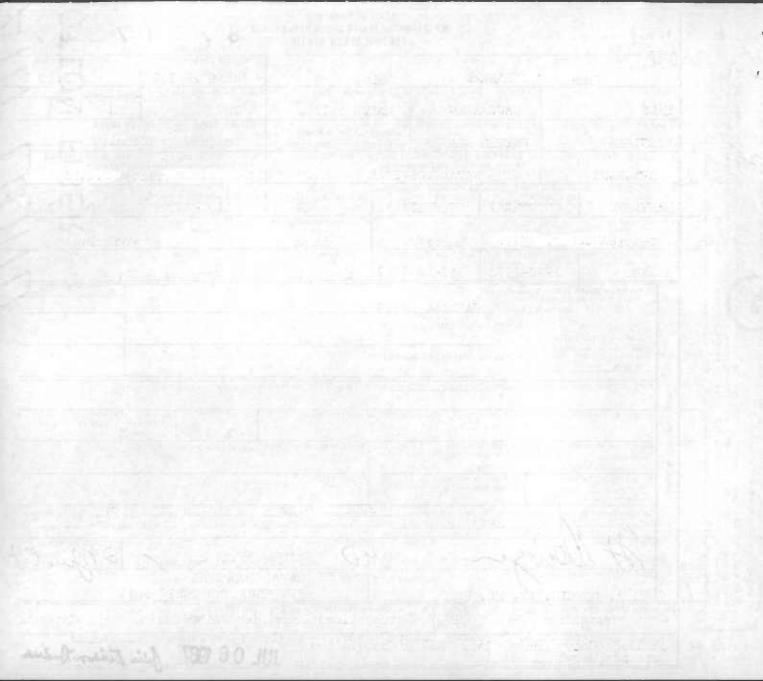
STATE OF MARYLAND

FOR

DHMH - 16 60M 7/84

(VRA 15. 4)

Bethesda, Maryland 20814



STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	REG. N	10.	7	
LAST	20. DATE O	FDEATH	MONTH	DAY	YEAR
	-	0 -	0		

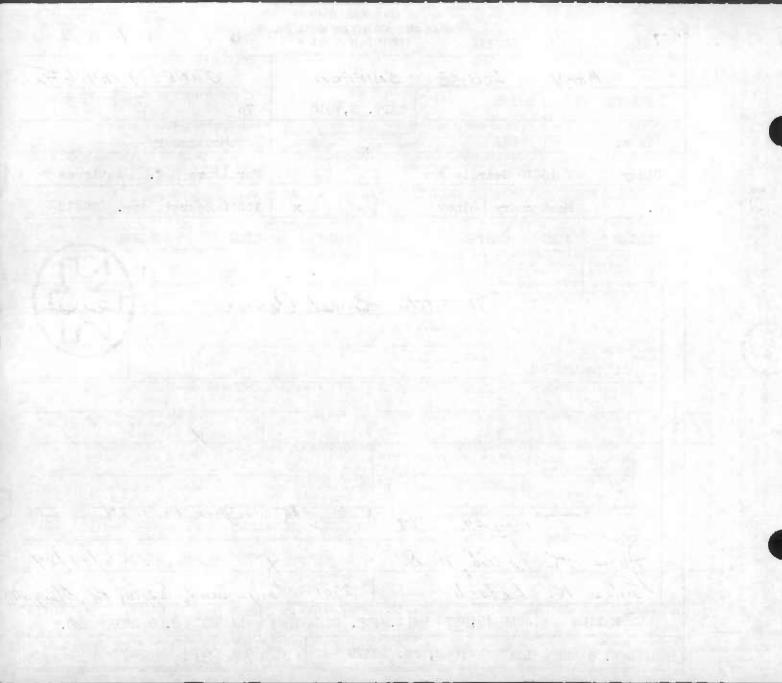
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m.£		CEASED NAME	FIRST		P.	Clan	LAST	26	DATE OF DEATH			EAR 2b Ho	OUR 12:
page 3 er death		F	hylli		Р.		ith		June 23	_			M OT
ter b	3. SE)			4 RACE		5. DATE	OF BIRTH	YEAR 6	AGE (IN YEARS LAST	BRIHDAY)	MONTHS	DATS HOUR	DER 24 HRS
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18/		RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUP	ITRY? 8	ED NEVER MARK	PIED 7	BALTIMORE CITY	OR COUNT	Y OF DEA	тн	
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10		TY OR TOWN OF DE	ATH			URSING HOME	OR OTHER INSTITUT	TION 12	USUAL OCCUPA	TION	126. K	IND OF BUSI	INESS OR
10/		Olnev					Hospital		Secretar			Gover	nmont
3	₩5U.4 13a S	L RESIDENCE (# NUR	113b COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	13d INSIDE CITY L	IMITED III	e STREET ADDRESS			118	20
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4	113	Wilmot		VIDDIE	Dat	terson	Ruth		MIDDLE T		Da	LAST	
-a	16n V	AS DECEASED EVER		-		SECURITY NO.	17 INFORMANT		ADD.	RESS	D	iagdon	
edic /	0	ES, NO OR UNKNOWN)		WAR OR DATES)				D C	41-111-			1	2
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ive o		Canditians, if any	, which	((b)_				6				-25	
er fre		gave rise to imi		DUETO	P AS A CON	SEQUENCE OF							
a E		underlying cause		(6)	K AS A COIT	DE OUT INCE OF							
70 0		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BU	T NOT RELATED TO	THE TERMINA	AL DISEASE OR CO	NDITION GI	VEN IN PA	RT 1ra	
ulu.	NO												
À /	ATI	190 DATE OF OPERA	TION	19b COND	ITION FOR W	HICH OPERATI	ON WAS PERFORME	D	20a AUTOPSY?	20b IF YE	S, WERE F	INDINGS US	SED
o S	F							23.0	YES NO PA		IFYING CA	USES OF DE	
she	CERTIFICATION	210. ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INJURY		21c HOW INJURY	Y OCCURRED	(ENTER NATURE OF IN			1.0	<u> </u>
18 sh		OR CONTRIBUTING	CAUSE OF DEAT	In .	M. MONTH								
Mental or Item	MEDICAL	(IF EITHER NOTIFY MED		P. 21e PLACE	M.	19	21f LOCATION						
D 0	MEC		HILE			OFFICE FARM, ETC)	STREET		CITY OR	TOWN	COUN	TY	STATE
a k		AT WORK NOT W	ORK L			-						7	
E		22a.1 certify that (1)		73		the way	126415, 19	9 8	., ta	11,6	19	,	(we) last
2 2		saw the decease abave, (1) (wee)	ed alive on a	view the bady		19 2 /	and that in (my) (oct)) opinian dea	ith accurred an the	date and ha	ur and fra	n the causes	stated
Tem Tem		226 SIGNATURE	1	= /1		3 - 7	DEOREE		edler .		22€	DATE SIGNE	21
		(1	12/1/11	with 1	MASIN	111 1	ATTEN PHYS	NDING H	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	6	115	31
AN AN		224 PHYSICIAN'S N	AME (TYPE OF	PRINT	7	1	1220 ADDRESS				D		
with the Sto									lney-Sand		ing R	bad	
× /	22- 0	Frederic URIAL CREMATION.			D.	13, NAME OF	CEMETERY OR CREM	Olney.	MD 2083	2			
		SPECIFY)			1 1007				CITY OR TOWN		COUNTY	Mi	D STATE
-	24 51	buria	K.	June2	1,1981	Parkle	wn		Rockvill EC'D. BY REGISTRA		lont		
OM 7/84		NERAL DIRECTOR					110 0000			A company		-	7
A 15. 4)	1 1	An Ilminon	situ F	2 VIId (1)	SIVUD	4 SNHINI	MD 2090	M (3.11	0 4007	4 4 1	Timber.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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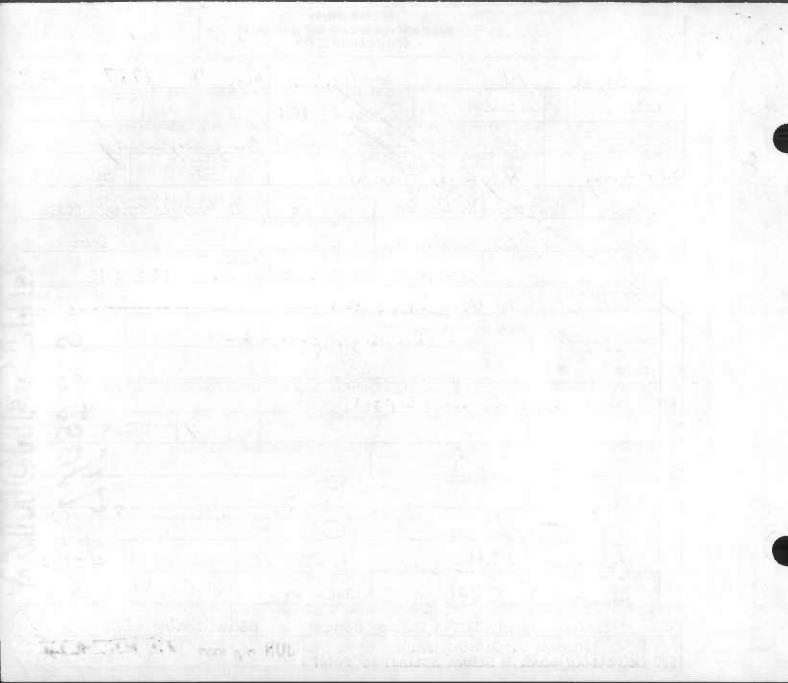
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NE THE MINIS		REGISTRAR	MARY	LOUI	SE	CERTIF	ICATE OF DEATH	REG. N	0.	,	, ,
		CEASED NAME	FIRST	/	MIDDLE		AST SNIFFEN	20 DATE OF DEATH	MONTH DA	Y YEAR	HOUR
aby be page 3	(ITP)		1RV	40	uise	51	IFFEN	Ju.	NE 19	7 1987	6 45 A.M.
o do	3 SE	X		4 RACE		S. DATE OF BIRTH			THDAY) IF	INDER LYEAR	IF INDER 74 HR
soft		FEMALE		WHITE		SEP.	. 3,1910 TEAR	76	YRS	NIH DATS	HOURS M.N.
祖父人		RTHPLACE INTALE OF F	OREIGN .	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY		OF DEATH	
1500		Texas	-	USA		WIDOWE		Montg	ome ry		MD
1120	10. C	TY OR TOWN OF DEA	ТН		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	BUSINESS OR
1300		Olney	16	810 Geo	rgia Ave	ADDRESS		Furniture	Ref.	Antiqu	ies
353 1	USU 13a	AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFO		13d INSIDECITY LIMITS?	TS? 136 STREET ADDRESS / ZIP (CODE	
CECT		ld.		gomery	Olney		YES NO X	16810 Geo:	rgia Av	re. 208	332
1 2 1 set	14 F/	THER'S NAME		with this E	TAST		15 MOTHER'S MAIDEN NAM	NE MIDDLE		LAST	
意	V	ILLIAM	JOHN	CAS	TON		MARY	ALICE MODE	BURGE	ESS	
9 9 7	16a \	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDR		186	
Pop /		NO OR UNKNOWN	(IF YES GIVI	E WAR OR DATES)	NONE		CHARLES W. S	NIFFENSAME	AS #13	3	
88-4		18 CAUSE OF DEATI	1 Enter on	y ane cause per	line far (a), (b), a	nd Ic	0 .0			BETWEEN ON	SET AND DEATH
400		PART DEATH W		D BY E C AUSE (a)	Melasto	tic .	Dreast (d	ucer		24	ears
1111					R AS A CONSEQU	ENCE OF				0	3/1//
VE 15		Conditions, if any,	which	(b)	K A3 A CONSEQ	LINCE OF				1	
1311		gove rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF									
1954		underlying cause lost DUE TO, OR AS A CONSEQUENCE OF									
ples production of the plant of		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	NIN PART IIa	
1221	CERTIFICATION										
11111	CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
N	E							YES NO	YES		NO 🗌
T D	Ü	21a. ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH D	AY YEAR	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 8 PAR	T ORPART!	
3117	SAL	OR CONTRIBUTING C		111		19					
1 5 5	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY	EARAN ETC I	211 LOCATION	CHTY OR TO	WN	COUNTY	STATE
100	Σ	WHILE NOT WH	RE .	TAT TIOME, STA	ELI, PACTORT, OFFICE	ranm, EIC J	The view leads				
11 6		220 I certify that (1)	this hospit	al attended the	e deceased fram.		· 19.85	10 June	19 . 19	87 , the	at (I) (we) lost
34.5		saw the decease	d alive an	May view the Hady	27 19_	87,0	d that in (my) (pot) apinion d	eath occurred an the d	ate and hour a	and from the co	uses stated
Days Days Days Days		226 SIGNATURE		L	0	0	DEGREE			22c. DATE SI	GNED,
7114		Hules	15.	Hodes	sh M.	N.	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	6/19	9/87
A TONE SAL	1	220 PHYSICIAN'S NA	ME TYPE OF	-			22e ADDRESS				-
28 8 /		Jules	K.	Lod	ish		2901 O(n	ev- Sandi	Spra	ui Rd	Olun. K
173	23u.	BURIAL, CREMATION,	REMOVAL	1236 DATE	1 23c	NAME OF C	EMETERY OR CREMATORY	123d LOCATION		1	7
		SPECIFCREMATIC	N	JUNE 1			ASH. CREMATORY	LAUREL	P. GEO	RGE N	D. STATE
14 4014 7 (8 4	24 F	UNERAL DIRECTOR						REC'D. BY REGISTRAR	25h REGISTRA	AR'S SIGNATUR	Ę
H - 16 60M 7/B4 VRA 15, 4)	M	RIËL H. BA	RBER	LAYTON	SVILLE,55	MD. 20	0879	N 23 1987	الماند ،	mirra A.	



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n.	nine.		1 -	FOR STATE REGISTRAR			DEPAI		ICATE OF DEA		REG N	10	10	7
		1	DEC	E ASED NAME	FIRST	AAT	DOLE		12A		Za DATE OF DEATH		DAY YEAR	26 HOUR
200	eath		(TYPE C	DRPRINTI Bryc	е.	M		5,	yder :	Ir.	Vune 18,	19	987	7:55 PM
page	TO in		SEX	- /		RACE		5 DATE A	F BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
ector	rs aft		1	male	1	Caucasio	in		nber 4	1961	25	YRS		HOURS MIN.
op I	100 / 50 K			THPLACE THE OR FO	REIGN 7	CITIZEN OF W	HAT COUNTE	RY? 8 MARRIE	D NEVER MAI	RRIED 5	9 BALTIMORE CITY	DR COUNTY	OF DEATH	
nerd			Me	aryland		USA		WIDOWE	DIONO	RCED 🗌	Montgome		4	MD.
7/1		5	- 1	ver Spring	TH 1	(IF NOT IN SUCH	FACILITY, GIVE STE	RSING HOME (REET ADDRESS)	OR OTHER INSTITU	NOITI	120 USUALOCCUPAT (TYPE OF WORK FOR MOST! MECHANIC	OF WORKING LIFT	126 KIND C IMDUSTRY auto	omotive
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ampletely	nd 2	1	4 FA	THER'S NAME	AA	DOLE	LAST		15 MOTHER'S M	1	WE		C IAI	ST
amp	\$ 3 C	1		Bryce		aurice		r, Sr.	Edno			500	Da	re
pu	dica	1		AS DECEASED EVER		WAR OR OATES)	166 SOCIAL SE		17 INFORMANT		father ADDR			
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YSICIO	vol.			18 CAUSE OF DEATH	Enter only	one couse per li	ne for iol, (b'	, and ic	()				BETWEEN	ONSET AND DEATH
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n. dos b	ne pr	4	CERTIFICATION	THE DATE OF CHERN							YES MODE	IN CERTIF	YING CAUSES	S OF DEATH?
sicial	ygie ygie	7	ERT	71a. ACCIDENT WAS UND	ERLYING [216, TIME OF			21c. HOW INJUI	RY OCCURE	RED (ENTER NATURE OF IN)			
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ttender this	the lond		ME	WHILE NOT WH	LE 🔲	(AT HOME STREET	ET FACTORY OFF	ICE FARM ETC }	STREE1		CITY OR T	DWN	COUNTY	STATE
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Total O	A He	1		sow the Specion	d table on	6/10		C - V	nd that is (my) ou	er) apinion (death accurred on the	date and hou		
hasp	pt pt			22b. SIGN HERE	104 TO-10 HOT	Are thebody is	mer degra-		DEGREE		/		22c DATE	SIGNED
the C	te De			bon	السم	Told	len	200	ATT	ENDING YSICIAN	MEDICAL STA	CIAN [4	15/87
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tained O FIII	should be diwith the Sta			How	erd =	J. Co	12 Clay	C	12012	Veil	S Will I	51. L	ve con	WO 22406
T et	5 3 ≥7			URIAL, CREMATION,	REMOVAL	236 DATE	14	NAME OF	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE.
BP_				bwu bwu		Jun22,			6 Heaven		silver Sp		Mont	MO
MH - 1	6 60M 7/84		24 FU	NERAL DIRECTOR F	ranci	J. Col	lins, on	Jr.	Street, In	25a DAI	REC D. BY REGISTRAL	255 REGIST	RARSSIGNAT	D. Jack
	15, 4)		500	O Universi	ty Bli	od., W Si	lver S	pring,	MU 20901	20	24 1007			

DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

FEMALE

RUSSIA 10 CITY OR TOWN OF DEATH

ROCKVILLE

4 FATHER'S NAME

PINCUS

TO BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE INFOURSING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PR

160 WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying couse lost

190 DATE OF OPERATION

22b. SIGNATURE

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE 22a I certify that (I) (this hospital) attende

TEL PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased alive an above, (1) (we) (did) (did not) view the b

18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITION

3. SEX

CERTIFICATION

MEDICAL

FIRST

4 RACE

CACA

76 CITIZEN

11. NAME

MONTGOMER

MIDDLE

IMMEDIATE CAUSE to

	DEPARTM	LENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		' 3	9 2	
E	NMN	5	óko Low	2a DATE OF DEATH	Co-1	3-87	26 HOUR 04/0M	
CACAUS	SIAN	S DATE O	OF BIRTH CH 4, 1900 AR	6 AGE (IN YEARS LAST BIRTI	YRS.	UNDER - YEAR	IF UNDER 24 HRS HOURS MIN.	
u.s	WHAT COUNTRY?	8 MARRIED WIDOWEI	DIVORCED	9 BALTIMORE CITY OF MONTGOM	IERY	FDEATH	MD.	
hAZ	W J-LONE	E-F d	V. ROCK, Md	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAKER		126 KIND OF INDUSTRY HOME	BUSINESS OR	
MERY	130 CITY OR TOWN	V	YESXX NO 🗆		ZIP CODE	./ 208	52	
Ę	LUBIT	⁻ СН	MALKA	MIDDLE		IAST		
FORCES? R OR DATES)	577-16-22		RAE S. MARTI	SHTER ADDRES	ST: S		SPRING	
DUE TO, OI	RAS AGONSEQUE	NCE OF A CO PCE OF	tion of vasuelar	REJ ASSI RELEMENT ALLECTOR	lest dest		HATE INTERVAL NSET AND DEATH	
			N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES [VERE FINDING	GS USED DF DEATH?	
216 TIME O HOUR A.		Y YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART	1 OR PART 2)		
21e PLACE	OF INJURY REET, FACTORY OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TOW	vn	COUNTY	STATE	
	ne deceased from	, or	, 19, 19				hat (I) (we) last auses stated	
Als	Zei*	K	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFI DIRECTOR PHYSICI		22c. DATE S	3 /87-	
AV	SHI		11119 ROCK	VILLE GIX	E, #2	200,	ROCKUR	4

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL BURIAL 6/15/87 KING DAVID MEM. 24 FUNERAL DIRECTOR FUNERAL DIRECTOR DANZANSKY-GOLDBERGOMEM. CHAPELS 1170 ROCKVILLE PK: ROCKVILLE, MD 20852

CITY OR TOWN FALLS

23d LOCATION

LLS CHURCH FAIRFAX
BY REGISTRAR 250 REGISTRAR'S SIGNATURE

2005

Julia Divideon Randalle

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FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE OF NOTION SUCH FACILITY, GIVE STREET ADDRESS! USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136, STATE MARY LAND 137 INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 14 FATHER'S NAME OSIAS* OSIAS* 15. MODIE LOPATER ROSE* 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	
FEMALE WHITE MAMIN 13, DAY 189 70 BIRTHPLACE (STATE OR FOREIGN AUSTRIA) 10 CITY OR TOWN OF DEATH ROCKVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF MARKIED DISTORTION OF DEATH OF NOTHER INSTITUTION OF STREET ADDRESS) 130 MARV LAND 130 MARV LAND 130 MARV LAND 131 FATHER'S NAME OSTAS** OSTAS** 14 FATHER'S NAME OSTAS** 15 MODIE LOPALER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT NO NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 07-23
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NOS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 271-62-3502 DR. H	(UNASCERTAINABLE)
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2 DE SPECIALION THE CONDITION FOR WHICH OPERATION WAS PERFORM 5/23/87 CULTURAL CONDITION FOR WHICH OPERATION WAS PERFORM	VIS NOB YES NO NO
OR CONTRIBUTING CAUSE OF DEATH COUR A.M. MONTH DAT TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT HOME STREET,	CITY OF TOWN COUNTY STATE Opinion death occurred on the date and hour and from the couses stated ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN D
	MATORY 23d LOCATION COUNTY OHIO
24 PURANT PREMIER STEIN HEBREW MEMORIAL FUNERAL HOME	
232 CARROLL STREET, N. W., WASHINGTON, D. C.	25 DUTE REGIO. DE REGISTRAR 256 RECISTRARS SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low remaining that the death certificate be executed within the spinal or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed, by above temore corbon popers. Page and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Page within 72 hours after death with the Starte Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

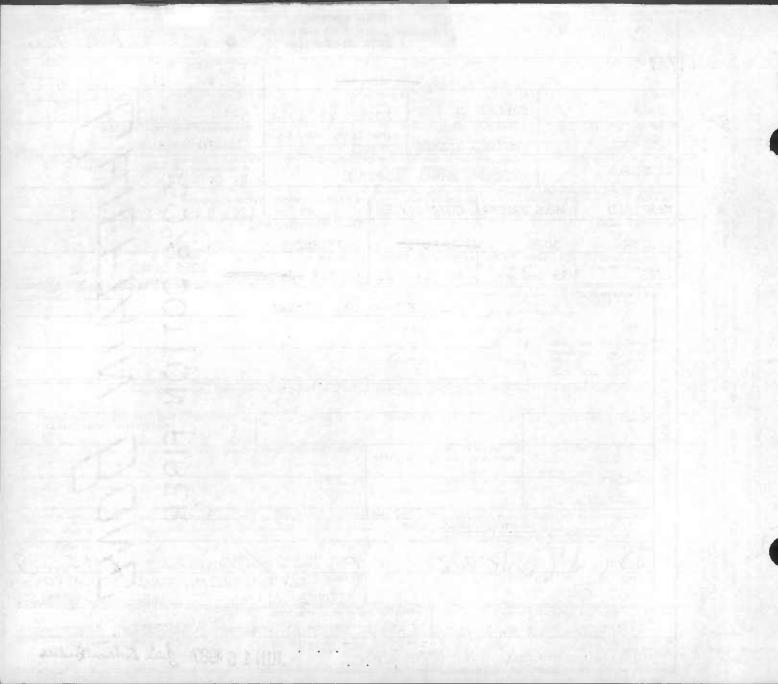
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tor. page ofter deat		3 SEX		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DATE HOURS MIN.
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by the fu	1/	La	koma Park	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Washington Ac	dvent		120 USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORK CONTROL OPE	
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n ond co	medica.	MY		MED FORCES? 166 SOCIAL SECUI VE WAR OR GLATES) 44-1945 235-16-		17 INFORMANT Roxanna Za	ADDRESS arrelli sa	ame as # 13
ALOR ATTENDING PHYSICIAN: The low recommend from the footh certificate the hospital or ottending physician. AL DIRECTOR: After this certificate has been signed by the better or or bear the foot one os the burial-transit permit. Their please remove carbon page to be be to define and Mental Hygiene prior to burial, cremation, or removal	If Hem 21 is marked or Hem 18 shows any inju	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause io; stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT CO. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE (b) A CALE DUE TO, OR AS A CONSEQUE (c) Severe CONDITIONS CONTRIBUTING TO D 19b CONDITION FOR WHICH (1) 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	NCE OF CO NCE OF CO OPERATIO ARM ETC	N WAS PERFORMED 216 HOW INJURY OCCURRI 216 LOCATION STREET 3 - 19 - 7 and that in (my) (our) opinion d DEGREE ATTENDING	200 AUTOPSY? 200 IN C YES NOT IN C EED (ENTER NATURE OF INJURY IN ITE-	IN GIVEN IN PART TION IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State	IMPORTANT		22d, PHYSICIAN'S NAME (TYPE OR BASIRMOH) URIAL, CREMATION, REMOVAL	IMAD F. KOLI.		220 ADDRESS 9135 PT	Scata way	Road MD 20735
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DHMH - 16 60N (VRA 15, 4			ineral director	Home P. O. Waldor			REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

Philippin Mark Company of Lond Control

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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B	URIAL, CREMATION, P	REMOVAL 2	B DATE		23c. NAME OF CE	METERY C	R CREMATORY	23d. LOC	ATION		COUNT	TY	STA	TE
07 8 25M			Burial		7/6/87		Parkla				ockvi.			0.11		
25M	DHMH 17	74 FI	NAME 5130 W	Joseph T Ave-	NW Wasi	S S	ons, Inc	•	250. DATE	REC'D, BY F	4007	25h REGIST	Deerg	GNATH	andas	A.
	(VR A15 ME (5))		12,00 11	2.100	2111	,			JU	la 1	S(0) (L	9	-9			4

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		11m G629 1tem 1,1		STATE OF MARYLAND		
		FOR 7/2/87 rja STATE REGISTRAR		CERTIFICATE OF DEATH	REG NO.	1340
- William		CEASED NAME FIRST	MIDDLE 5t	ella cito	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
/		JO		TELLACHIO	JUNE 11	1987 6:15
1/	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MILE
0/0, -		ALE	CAUCASIAN	AUGUST 25 1942	44 YRS	
120		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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detoched ote Dept IT: If Item		22b SIGNATURE	Colomo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be de with the Stor		DAVID COOK	a)		HOSPITAL, NAVAI	
\$ 3 ≧		SPECIEVI	AL 236. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		REMOVAL	6/11/87		HAPEL ANNAPOL	IS, MARYLAN
60M 7/84		INERAL DIRECTOR	4217	9TH ST. N. W 250 DAT	E REC'D. BY REGISTRAR 25) REGIS	Dender - Randall
15, 4)	M1.	ARSHALL'S FU	INERAL HOME WAS	H, D.C.	N 1 6 1987 Julia	Drught. Commond



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the retained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

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20 [DATE OF	DEATH	HINOM	DAY	YEAR	2b HC	UR
	JUNE	19	1987			7:	02

71-	FOR STATE REGISTRAR		DEPART		EALTH AND ME		ENE 8 /	o.	7 3	9/
	EASED NAME FIRST		LLIS STR		AST		JUNE 19		DAY YEAR	7:02 A
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N.	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE P	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did 1 (did n	JUN	IE 19 19	87 , 01	nd that in (my) (au	19 <u>87</u> ir) opinion de	to JUNE ath occurred on the do		r and from the	
	226 SIGNATURE	Sil	2		PH	NDING ISICIAN	MEDICAL STAP	F IAN A	19 D	WE 87
	224 PHYSICIAN'S NAME (TYPE				22e ADDRESS		HOSPITAL			
	P. GILL, LCD	R, MC, U					SDA, MD 208	314-50	011	
	URIAL, CREMATION, REMOVA	23b. DATE	236 1	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	urial NERAL DIRECTOR	June	22,1987	U.S	Naval	Acad 250 DATE	emy Annap REC'D. BY REGISTRAR	olis	A A	MD

DHMH - 16 60M 7/B4

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherwing physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

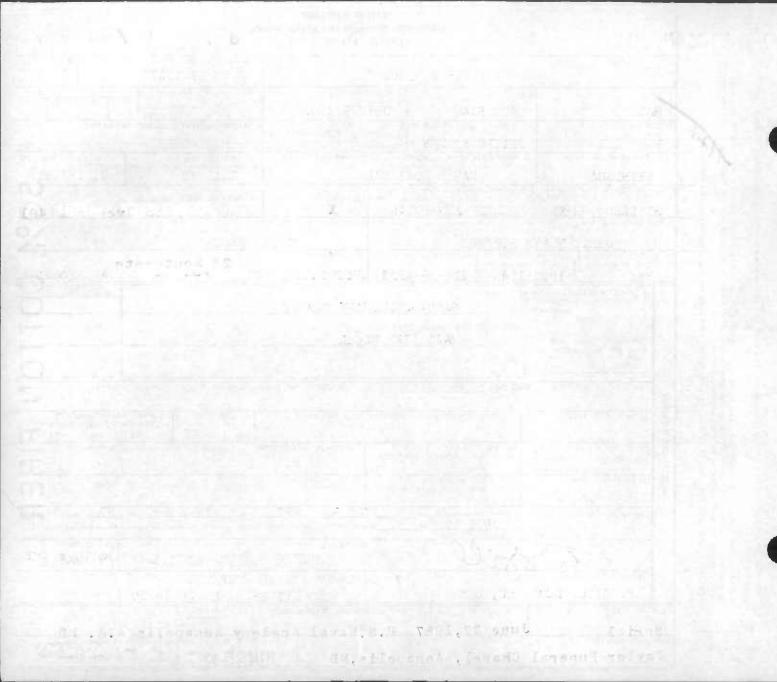
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with the State Dept. or new.

(VRA 15, 4)

Taylor Funeral Chapel, Annapolis, MD

11025 1087 Julia Decidion Radion



FOR 1 - STATE

REGISTRAR DECEASED NAME LIYPE OR PRINT

FEMALE

CALIFORNIA

MARYT.AND

CERTIFICATION

MEDICAL

14 FATHER'S NAME

To BIRTHPLACE THATE OF FOREIGN

O CITY OR TOWN OF DEATH

BETHESDA

LYES NO OR UNKNOWN

19n DATE OF OPERATION

21d INJURY OCCURRED

3 SEX

DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	/ REC
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RY	SUNDAY	JUNE	12
	5 DATE OF BIRTH	6 AGE INY	EARS LA
	JANUARY 22 1955	32	

	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	R
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1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR		IF UNDER 24 H	
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20783

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 176. KIND OF BUSINESS OR STYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NURSE HEALTH CARE NAVAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

NOV

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES [NOTY 2207 SARANAC STREET 15 MOTHER'S MAIDEN NAME EIRST MAIDDLE FLORENCE GRACE SPEARS

549-98-4983 NO MICHAEL R.SUNDAY, 2207 SARANAC STREET, ADELPH MD 20783 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 10 , b , and 100 PART I DEATH WAS CAUSED BY VARICEAL BLEED IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which LIVER FAILURE gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY?

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM

CATHERINE MA 4 RACE

CAUCASTAN

13h COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PRINCE GEO

I HE YES GIVE WAR OR DATEST

MIDDLE

HOWARD JOSEPH WILSON

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

130 CITY OR TOWN

ADELPHI

166 SOCIAL SECURITY NO

UNITED STATES

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION 21e PLACE OF INJURY

CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET WHILE NOT WHILE APRIL 22a I certify that (1) (this hospital) attended the deceased from_

sow the deceosed olynon JUNF. 12 above, (1) and it will not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNAT DEGREE

PHYSICIAN DIRECTOR PHYSICIAN A 22d PHYSICIAN'S NAME (TYPE OF PRIN NAVAL HOSPITAL

T. A. DOWGIN, LT, MC, USNR BETHESDA, MD 20814-5011 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

230 BURIAL CREMATION REMOVAL 236. DATE CHAMBERS 4 FUNERAL DIRECTOR

CREMATORY RIVERDALE

3 1987 RAR 256 REGISTRAR'S SICHATURE

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

CHAMBERS CO. INC.

SILVER SPRING. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT

OFFICE OF THE STATE OF THE STAT

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

L	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 CERTIFICATE OF DEATH REG. NO. 1 7 3 9 9
	OR PRINT)	D (NAME) - SUITANI 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
. SEX	IVASIA	RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOLY) IF UNDER LYEAR IF UNDER 24 HRS.
	FEMALE	WHITE MARCH 16, 19/6 7/ YRS MONTHS DATS HOURS MIN.
a 81	RTHPLACE ATE OR FOREIGN	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
L 0 CI	TY OR TOWN OF DEATH	LEBANON WIDOWED DIVORCED WONT 50M RR MD. NAME OF HOSPITAL, NURSING HOME ON OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
R	ETHESDA	NAME OF HOSPITAL, NURSING HOME OROTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	
γ_{l}	ARYLAND MOA	BETHESDA YES Y NO 6804 GREY WOOD RD.
-		FLITAKI FATAMA MIDDLE ZEIDAN
60 V		ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
	No -	one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	noxic encephalopathy
CERTIFICATION	190 DATE OF OPERATION	200 AUTOPSY? 100. IF YES, WERE FINDINGS USED YES NO THE STATE OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 7)
	220.1 certify that (1) (this haspit sow the deceased alive an abave, (1) (we) (did) (did no	
	226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	M. D. ATTENDING DEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-18-87
	KWANG S	. KIM 50 W. Edmonston Dr. Rockville MD. 2085.
	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION DITORTOWN COUNTY STATE
24 F	James El	DEVOL FUNGIAL SON DATE RECD. BY REGISTRARS JUNE 150 DATE RECD. BY REGISTRANS JUNE 150 DATE RECD. BY REGISTRARS JUNE 150 DATE RECD. BY REGISTRANS JUNE 150 DATE RECD. BY REGISTRANS JUNE 150 DATE RECD. BY

AND THE PARTY (NOWE) SELECTION - STREET - SEE SEE THE SEE FERRE LINE MARKETY TILL List priced Legistron ST Chartestarkey CETHERDY - SUBARRAN / PERMISS I HOUSEWIED COM HONE There is in the distriction of LESH TREYWOOD Ru. Meddownan Eughn Fathon Zaionn The statement in the statement of the present of the statement of the stat Charles mo the second of the Provide the state of the state

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE MONTH DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) 1.5EX S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH JAN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NDUSTRY 136 COUNTY NE ESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13 STREET ADDRESS ZIP CODE MONTGOMERY 4512 MOUNT OLNEY LA. OLNEY YES X NO MIDDLE PRICE SUBBALAH LINGAMNENT NAGABHUSHANAMBA COTTIPATI 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 212-06-1235 SIVA P. 8 CAUSE OF DEATH Enter only one couse per line for a , b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO earnicla- dexease Canditians, if any, which gave rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (Il (this haspital) attended the decgased fram saw the deceased glive an abave, it well (did and view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT FARRAGUT AVE N. ROSENBAUM NSINGTON, MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CHAMBERS CREMATORY RIVERDALE. P.G.C. Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 W. W. CHAMBERS CO. (VRA 15, 4)

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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAK				CEICITI	TEATE OF PEATIT	REG. NO.		0	
	CEASED NAME	FIRST	10000	MIDOLE	L	AST	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR
(TYPE	OR PRINT]	ophie			Swa	rtz	June 29,	1987		5:00 p
SE			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
	Female		Whit		Jun	-1 -0-0	89	YRS	VIMS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYOR	DEATH	
	xembourg		USA		WIDOWE		Montgome	mo		AA
	Jineywn of DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND O	F BUSINESS OF
,	orney			H FACILITY, GIVE STREET		77 11 2	Cashier	VORKING LIFE)		:0
efect (AL RESIDENCE (IF NUR	EINIC HOME OR		omery Gen		Hospital	casmer	.]	Reta	
	STATE	135 COUN		136 CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	208	32
Ma	aryland	Mon	tgomery	Olney	-	YES NO	17616 Que	en Eli	zabetl	h Drive
4 FA	THER'S NAME		10.00			15 MOTHER'S MAIDEN NAM				
	Michel		310 OLE	Laux		Sophie	WIDOLE		Wink	Ron
_	VAS DECEASED EVER	IN U.S. AR	AED FORCES?	166 SOCIAL SECUI	RITY NO	, , , , , , , , , , , , , , , , , , , ,	ahter ADDRESS	5	***************************************	
(ES, NO OR UNKNOWN)		WAR OR GATES)	578-40-				-1 15	,	
n	U					Hilda S. Han	ay same	as 13		
	18 CAUSE OF DEAT	H Enter on	y one couse per			0			BETWEEN (MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W		E CAUSE (o)	Resperas	Hony	Chnest.			Mir	medial
				DAS A CONSEQUE	NCE OF					Production.
	Conditions, if any which () Pareneauce Concer							4 weeks		
	Goverise to immediate (b) / onthe (b)									
	underlying couse	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.								
	onderlying coose	1031.	((c)							
_	PART 2 OTHER SIGI	NIFIC ANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 1	0
ō	Dialele	21 1	Deapn	ess, lu	lund	ness.				
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDIN			
Ħ							YES NOW YES		ING CAUSES OF DEATH?	
ERT	21a. ACCIDENT WAS UN	DERLYING [21b. TIME O	FINIURY		21c HOW INJURY OCCURR			000000000	140
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D.				Y YEAR	THE THE WINDOWN OCCOUNT	(ENTER NATURE OF INJUST IN TEM 10 PART 1 OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDI				19					
ED	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	DAN FTC 1	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
2	AT WORK AT WO	MILE D	(ALTIONE, STA	EET TACIONI, OFFICE TA	KIN EIC J					
	22a certify that (I)	(this hecoil	al) ottended th	e deceased from_	19	95 19 85	10) farl.	29 19	87.	that (I) (we) los
	sow the deceas	ed alive on,	june	29 19	57 on	nd that in (my) (our) opinion d	death occurred on the date	and hour or		
	obove, (I) (we) (did) (did not) view the body ofter death.							22c DATE		
	Degree Auless hus attending medical staff									
	oune // c			PHYSICIAN M DIRECTOR PHYSICIAN				6.3	30.87	
	22d. PHYSICIAN'S N.					22e ADDRESS	1	61.		/
	0.J.LAW/655					18111 Munce	Philip Dre	ul O.	lucy to	ud 208
30 B	URIAL, CREMATION,	REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	123d LOCATION			
	car curvi						CITY OR TOWN			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is

Gate of Heaven

Silver Spring Montgomery MD 8D BY REGISTRAN 23 REGISTRAN S SIGNATURE 1987 Julia Deviden Randows burial July2,1987 G

24 FUNERAL DIRECTOR Francis J. Collins 500 University Blvd. W Silver Spring, MD 20901

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1 1	0 3	
		CEASED NAME FIRST	lan a	Tayl	or	AST	25 DATE OF DEATH		DAY YEAR	2h HOUR 12:25	
	3 SEX	Male	4 RACE White		MONTH	. 2, 1925	6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
3	7a BII	RTHPLACE (STATE OR FOREIGN OUNIRY) ennsylvania	U.S.		WIDOWE		9 BALTIMORE CITY O	tgome		MD.	
2		Rockville	Shady	GROVE	ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OF RETIRED TO THE PROPERTY Glass Worker				
5	13a S	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN ennsylvania		Marienv		134 INSIDE CITY LIMITS?	Star Ro	ate T	Box 19	1623	
7	II FA	Charles	N.	Taylor		Cora	WIDSTE		Cran		
3		VAS DECEASED EVER IN U.S. AR YES, NO GENEKOWN) INF YES GIV	E WAR OR DATES)	190-16-		Susan J. Tayl	Gaithersboor(daughter)				
	7	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) C hemis phere (ere bru interchen Bdays DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Country of the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
- A	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDI		
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 270. I certify that (1) (The bear sow the deceased olive on obove/I) (we) (did/(did no) 27b SIGNATURE	21e PLACE (AT HOME, STR	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	19 FARM EIC)	211 LOCATION 211 LOCATION 51REET 19 d that in (my) (our) opinion of	city or to	S/82	COUNIY		
I		27d PHYSICIAN'S NAME I TYPE O	lillma	u, mi	1	22e ADDRESS 9711 Wedica	DiRECTOR PHYSIC	Dr 7	f103	850	
		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236 DATE 6/3	30/87	NAME OF C Metro	emetery or crematory colitan Cremat	ory ciro Arex	andria,	,°°Virgi	inia State	

BP DHAH - 16 59M 4/83 (VRA 15, 4)

250 DATE RECDOY REGISTRAR 256 REGISTRAR'S 6 IGNATURE

24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

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	STATE O	FMARYL	AND	
DEPARTMENT	T OF HEA	LTH AND	MENTAL	HYGIENE,
	DTIFLE	ATE OF	DEATH	- 0

7 17904

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
3	I. DECEASED NAME FIRST (TYPE OR PRINT) Pelas	MIDDLE	To	hekomasoff	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR 11:AM		
					AGE (IN YEARS LAST BIRTHD	-, -, -, -, -, -, -, -, -, -, -, -, -, -	M		
	Female	4 RACE White	5. DATE O		93	MONTHS DAYS	HOURS MIN.		
)	70 BIRTHPLACE (STATE OF FOREIGN RUSSIA	76 CHIZEN OF WHAT COUNTRY? Permanent Visa	8 MARRIED WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery				
١	Gaithersburg	11. NAME OF HOSPITAL, NURSIN 15 NOT IN SUCH EACHLITY, GIVE STREET 13004 Chestnut		ROTHER INSTITUTION Prive	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF W HOMEMAKET		OF BUSINESS OR		
4	USUAL RESIDENCE (IF NURSING HOME OR	other institution Give Residence Before BIYY Bomery Gaithers	N I	13d INSIDE CITY LIMITS?	13884 ACRES 47	Tutobak Dri	ve 20878		
5	14 FATHER'S NAME John	Skleroff		15 MOTHER'S MAIDEN NAV Alexandra		Popra	žkin		
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 214-92-16		Vera Donskoy	- daughter-		3e)		
	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE	NCE OF	selenes		TION GIVEN IN PART 1	o		
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		10 IF YES, WERE FIND II IN CERTIFYING CAUSES YES			
1	OR COLUMNIA COLUMN	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PART 2)			
	OR CONTINEUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		tol) attended the deceosed from		d that in (my) (our) opinion of	deoth occurred on the date	ond hour and from the	that (I) (we) lost couses stated		
1	21 PHY ICIANS NAME USE O	EllerA	m		MEDICAL STAFF DIRECTOR PHYSICIAL	1/ /	12/87		
	Azad Vos		Pay	1000 Falls R	d. Sovran Banl	k Bldg.			
	230 BURIAL CREMATION, REMOVAL	236 DATE 236 N		METERY OR CREMATORY	Wash fight on	D. CCOUNTY	STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is marked or Item 18 show

should be detoched for use os with the Stote Dept. of Health TO FUNERAL DIRECTOR:

6-3-1987

24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines Rinaldi Funeral Home Silver Spring, Md. 11800 N.H. Ave.,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The second of the contract from the second

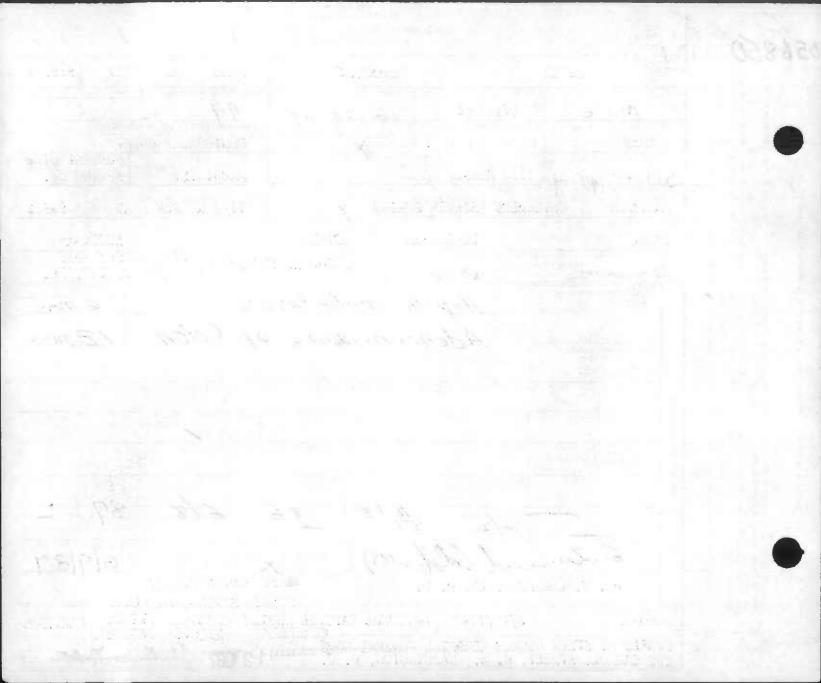
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0	7 9	0 5
		EASED NAME	MEYER		MIDDLE		NBAUM	JUNE		1987	26 HOUR 5:55 P
3. SEX Male 70. BIRTHPLACE (STATE OR FOREGON				RACE Wh	ite	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER VEAR NOVEHS PROPERTY 9 BALTIMORE CITY OR COUNTY OF DEATH			IF UNDER 24 HRS. HOURS MIN.
	C	OLAND	OFFICIA	MONTGO		MARRIE	D NEVER MARRIED DIVORCED	MONTGOME			MD.
	5	I Ver So	ring	1164 K	ERSEY ROA	DROTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MACHINIS	OF WORKING LIF	SPRIN	ABUSINFERER IG CO.	
	M	ARYLAND	136 COUN MONT	TY GOMERY	130 CITY OR TOW SILVER S	PRING	74	130 STREET ADDRESS 1164 KER	ZIP CODE	OAD	20902
1		ACOB	A	AIDDLE	TENEÑBAU	ESTHER	MIDDLE		LEDER		
1		NO WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT JACOB E. TENENBAUM, SILVER.							SPRING	, MD.	
		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HEPATIC METASTASES DUE TO, OR AS A CONSEQUENCE OF									MATE INTERVAL ONSET AND DEATH
		Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate ig the lost	((c)	r as a conseque	NCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIV	VEN IN PART III	smos.
)	CERTIFICATION					TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO		
,	CAL	OR CONTRIBUTING	CAUSE OF DEA	Р.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
	MED	216 INJURY OCCUR		21e PLACE	OF INJURY REET FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220 1 certify that (I) saw the decease abave, (I) (was	ed alive an	6/	19 5		nd that in (my) corresponds of	death accurred on the d	ate and hav		that (I) (we) Jast causes stated
_		226. SIGNATURE	Tem	rend	" Gld,	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		G C	187
		DR. G	LEN	NARD GO	LD, M. D.		22e ADDRESS 863	O FENTON ST	REET	LAND	
	230 B	URIAL CREMATION, URTAL	REMOVAL	6/10/	1987 NA	TIONA	EMETERY OR CREMATORY L CAPITOL HEB CEMETER	REW CAPITO	S GE	ORGEIS	MARYLAND
	2400	DNALDREMIORS 32 CARROLL	TEIN I	HEBREW I	MEMORIAL W. WASHI	FUNER NGTON	AL HOME 111N	12 1087	Vish REGIST	TRAR'S SIGNATI	URE

²⁴DONALDREMORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked on



CTATE OF MADVIAND

DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	7)	0 0	
	TENN	June 26, 1987	DAY	YEAR	2ь ноц 7:3	R QOE
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	R YEAR	IF UNDER	24 HRS
	June 3, 1890 YEAR	97 YRS.	MONTHS	DATS	HOURS	MIN.
DUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

4 RACE 3 SEX Male Caucasian To BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT CO COUNTRY

MARRIED NEVER MARRIED U.S.A. WIDOWED

DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Montgomery County, 12ª USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFET

Owner/Merchant

126, KIND OF BUSINESS OR INDUSTRY

Tailoring

LAST

Katz

Silver Spring

Russia

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Spring

13d INSIDE CITY LIMITS? NO T

FIRST

13e STREET ADDRESS / ZIP CODE 603 Gist Avenue 20906 15 MOTHER'S MAIDEN NAME

Maryland 14 EATHER'S NAME FIRST Morris

1 - STATE REGISTRAR DECEASED NAME

LIVPE OR PRINTS

LAST Tendler 166 SOCIAL SECURITY NO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

603 Gist Avenue

Anabelle 17 INFORMANT

3934 ™Eantern Drive

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST no

1136 COUNTY

Mont

AUDOLE

FIRST

WILLIAM

578-46-5690

Bernard Tenn/son Silver Spring, MD

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

18 CAUSE OF DEATH Enter only one couse per line for (a), (b)

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH

couse lo stoting the

underlying couse lost

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

NOT

in (my) (our) opinion death accorred on the date and hour and from the couses stated

Washington, D.C.

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OF TOWN COUNTY STATE

YES |

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

NOT WHILE

DEGREE

Elesvetgrad Cemetery

ATTENDING

MEDICAL STAFF RECTOR PHYSICIAN 22c. DATE SIGNED

Burial

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

236 NAME OF CEMETERY OR CREMATORY 23d LOCATION

ISPECIEVE

MPORTANT ld b

24 FUNERAL DIRECTOR

STATE

DHMH - 16 60M 7/84

230 BURIAL

CERTIFICATION

MEDICAL

0 prior

per

iol-tronsit p

the

be detoched e Stote Dept.

(VRA 15, 4)

res-Pearson Funeral Homes, Falls Church,

06/29/87

23b DATE

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR						REG. N	O		111
		EASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	LIYPE	OR PRINT)	dward		Mahan	Th	ackston, Jr.	J.	une 2	5,1987	6:30Am
	3 SE)			4 RACE			OF BIRTH	& AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDER 24 HRS
		Male		Caucasi	.an	Apr	i1 20,1921	66	YRS.	ION H WAIS	HOURS MIN.
2		THPLACE THATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1.		9 BALTIMORE CITY O	RCOUNTY		
1		shington.	D.C.	United	States	WIDOW	DED DIVORCED	Montgom	ery C	county,	MD.
2		or town of DE Bethesda		6013	Walton	Roa	or other institution	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Owner		INDUSTRY (BUSINESS OR Dil Lbution
5	130. S Ma1	yland	13b. COUN	other institution. TY Somery	Bethesd	N	134 INSIDE CITY LIMITS?	6013 Walto	zip code n Road	1 / 2081	L7
7)	14 FA	THER'S NAME		MIDDLE	LAST TOTAL A		15 MOTHER'S MAIDEN NAM	WIDDLE		Maga	ruder
-	JAn W	Edward VAS DECEASED EVER		ahan	Thackst		Cora	ADDRE	SS	111161	daci
		ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES			Mrs. Shirlie	C Theelesto	n Wiid	Fa Same	a as #13
1		Yes	I WW.		578-09-8		pirs. Surrice	C. Inacksto	II, WILL		
- 1		PART I DEATH V	LAC CALICER	5 BV			1 carcinoma o				months
		Conditions, if any gave rise to im cause (a), stati underlying caus	mediote ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	NO	PART 2 OTHER SIG	nificant c	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	inal disease or coni	DITION GIVE	EN IN PART 1 a	
X	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING YING CAUSES (
7	-	OR CONTRIBUTING	CAUSE OF DEA	114	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	214 INJURY OCCUR	HILE [21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I saw the decea- abave, (I) 1988	ed alive an		ne 20 ₁₉	May 87	nd that in (my) (aur) apinian d	June leath accurred an the do		and from the co	hat (I) (₩∭ last ouses stated
		O-CA	Lecus	16	~ ·	a		MEDICAL STAF	F IAN []	6/2	S/87
/		224 PHYSICIONS IN G			old, M.	D.	8630 Fentor	n St. Sil	ver S	pring,	,MD.
	(urial, cremation Burial		23b DATE J 29,19		e of	EMETERY OR CREMATORY Heaven Cemete	23d LOCATION CITY OF TOWN TY Silver	Sprin	g, Mary	land land
/84	24 FU Bet	neral director	Robert	A. Pum ase, Inc	phrey Fun	neral	Home/ 250 gare	REC'D. BY REGISTRAR	256 REGISTA	RAR'S SIGNATU	RE Condetts

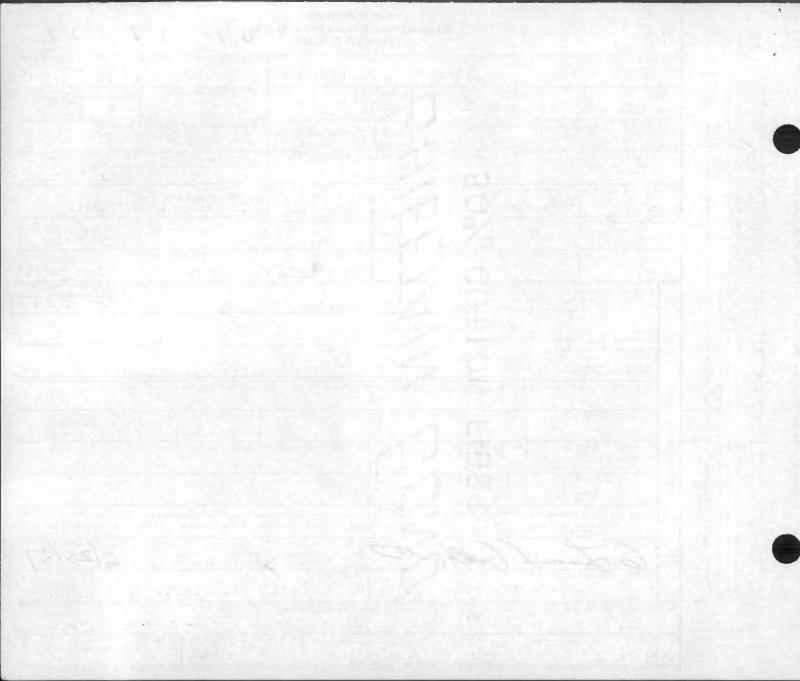
Pumphrey Funeral Home/ Inc. Bethesda, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert A. 1 Bethesda-Chevy Chase, 7557 Wisconsin Avenue,

BP

FOR STATE



BP.	
DHMH	- 16 60M 7/B4
(V	(RA 15 4)

						STATI	OFMA	RYLAND				
	1-	FOR state .tem 1						AND MENTAL HYG OF DEATH	0 /		7 9 1) 3
	1 DEC	REGISTRAR 6-24-	87 Stil		MIDDLE		A51		REG I	NO.	DAY YEAR	2b HOUR
		OR PRINT		m		THE	משמז		The Date of Death	-		-001
	GRETTA 3 SEX			T.	100	THEU			6 AGE (IN YEARS LAST B	RIHDAY	2 1987	0926M
	3 357				T 437	MONTH					WONING DAYS	HOURS MIN.
	TO BIRTHPLACE IN ATE OR FOREIGN			CAUCAS	WHAT COUNTRY?	3077	. /,	1904	9 BALTIMORE CITY	YRS	VOEDEATH	
1	COUNTRY)						7.7	VER MARRIED			Y COUNTY	
_	10 CI	UTAH TY OR TOWN OF DEAT	ш	UNITE	D STATES	WIDOWE		DIVORCED [12g USUAL OCCUPA			MD. OF BUSINESS OR
3	R	OCKVILLE		Shade	H FACULTY, GIVE STREET	APPRESS)	HIST	HOSPITAL	TEACHER		PUBLI	
5	13a S	AL RESIDENCE (IF NURSING TATE)	36 COUN		GERMANTO	N	13d INS	IDE CITY LIMITS?	130 STREET ADDRESS	ZIP COC	20874 MEADOW D	R.
-	14. FA	THER'S NAME		MIDDLE	LAST		15. MO1	HER'S MAIDEN NA				
()	E	DGAR			TIBBITTS			MARIE	WIDDLE	1	BAKER	
1		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFO	DRMANT	ADDI	RESS		
1	.,	NO			529-48-440)4	GARY	L. THEUR	ER/ same	as 13e	2	
		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSE	y ane cause per O BY: E CAUSE (a)	CARD	10-	289	PLRATO	ey Aver	45	APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH
		Canditions, if any, gave rise to imme cause (a), stating underlying cause	the last	((c)_	r as a conseque	I	ERN NOT REL	JICIOUS ATED TO THE TERM	ANE WI	À NDITION G	IVEN IN PART 11	a
	NO			ALZI	HEIMER	DI	59A	68				
2	CERTIFICATION	19a DATE OF OPERATE	ON	19b COND	ITION FOR WHICH	OPERATIO	WASP	ERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEA	in .	DE INJURY .M. MONTH DA .M.	AY YEAR	21c HC	W INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRE	E	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LO	STREET	CITY OR T	NWO	COUNTY	STATE
		22a I certify that (I) (I saw the deceased abave, (I) (we) (dis				87 , an	d that in	, 19 <u>83</u> (my) (aur) apinian d	taJune death accurred on the a	2 date and ha	ivi and fram the	
		22b. SIGNATURE	CF	non	ein	W	DEGREE D		MEDICAL STA		6 03	· 01.
1		22d PHYSICIAL S NAM	SUL	JUDN	HECTOI	2	22e AD	730 GA	RUAN TON	N PO	ND W	My GOD
	23a B	URIAL, CREMATION, RI	EMOVAL	23b DATE				OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		BURIAL						UTAH CEM.	PROVIDE			UTAH
B4	24 FL	INERAL DIROBERT	' A.		Y FUNERAL			1 7	E REC D BY REGISTRAL	256 REGIS	TRAR'S SIGNAT	URE 9 000
	BE	THESDA-CHEV	Y CH		.7557 WIS BETHESDA,			E.	JUNU MA	6-		

				-E\$73
Serve tanks and				
	CARSON SEEDS			
	y morning			
	WZ STILL SWI	production		
		SIST STATE LOST SLILL	A V	

director, page 3

STATE OF MARYLAND

1	114	17	919								
l	U	REGISTRAR			CEKITE	ICATE OF DEATH	REG NO.	//	101		
ſ		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR		
l	Sylvi		_ ^	^		THOMAS	6	0 - 8 - 87	7 0052 hi		
I	3. SE X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER RE			
ł		Female	Bla	ch	(a	16 55	31	YRS	S MOORS MAIN.		
ì		RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO				
ı	W	ashington, DC	US	A	WIDOWE		montgo	mon	MD.		
1	10. CT	TY OR TOWN OF DEATH			HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND	OF BUSINESS OR		
ł	Tak	Roma Park	(IF NOT IN SUC	HEACILITY, GIVE STREET AN	DDRESS	+ Hospital	(TYPE OF WORK FOR MOST OF WOL	RKING LIFE INDUSTR	- 60. 1		
t		AL RESIDENCE (IF NURSING HOME OF				103/11/11/1	1	- 100	0/00/		
1		naryland Prin	() -	HYOHS WIL	1	YES NO	3412 5546	AVE. #	3634		
1		THER'S NAME THUR	ree	Thromas		Annie	ME MIDDLEM.	Car	mpbel1		
			MED FORCES? (E WAR OR DATES)	577-74-4	4943	Joyce Harring	gton/905 Glen Seat	t Pleasan	₹, ^{#9} Md		
		18 CAUSE OF DEATH Enter or	nly one couse per	line for (a , (b , and	IC A	^		APPRI BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH		
ı		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) (ARD) AC ARE									
ı		MAKEDIA		R AS A CONSEQUEN	ICE OF						
ŀ		Conditions, if ony, which	(,b)	SEVIER	16	PrimonA	RN EMBO	USM			
l		gove rise to immediate couse to stating the	DUE TO O	R AS A CONSEQUEN	ICE OF						
١		underlying cause lost									
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
ı	ON	OLCERATIVE COLITIS									
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200 AUTOPSY? 206. IF YES, IN CERTIFY!			DINGS USED		
J	TIE						YES NO	YES [NO []		
9	CER	210. ACCIDENT WAS UNDERLYING	LIOLID A		V VEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART OR PART 2	1		
	CAL	OR CONTRIBUTING CAUSE OF DE.	1111		19						
ı	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	DAA STC 1	211 LOCATION	CITY OR TOWN	COUNTY	STATE		
ı	2	AT WORK AT WORK	TAN HOME STA	CET, TACTONI, OFFICE, TA		10211601000					
1		22a I certify that (I) (this hospi	ital) attended th	e deceased from	2	AN 1987	to 6 / 8	19 8 7	that (I) (we) last		
ı		sow the deceased alive on above, (I) (we) (did) (did no	it) view the body	offer death	or or	id that in (my) (our) opinion of	death occurred on the date o	nd hour and from th	ne couses stated		
1		226 SIGNATURE				DEGREE		22c. DA	TESIGNED		
		1 whole	1			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 61.	8/14		
		224 PHYSICIAN'S NAME TYPE	OR PRINT)	^ ^		22e ADDRESS ') 67	5 WEN 4	1Am 95+	118E AVE		
		Y. JUNHA	114	4~1)	444	CANGLEY	1 DARK	ND 200	182 # 272		
1	23a B	URIAL, CREMATION, REMOVAL	236. DATE	23c N/	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
1		Burial	June 1	3, 1987	Mary 1	land National	Laurel- A	A. Arundel	l Mf ATE		
		INERAL DIRECTOR	/ I cm J	TADDR/T	. 1		E REC'D. BY REGISTRAR 715	MOIDE MATERIA	Wales		
4	. D	.Jenkins FH/747	4 Lando	ver kd/Lar	naove	r, Md JUN	1 1 1 1301 Hay	ha Dunger.	4		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbonpapers is with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

2	0	- Juli	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	1	7 9	10		
	be 3	2		CEASED NAME ORPRINT) Mav			reen	Ti	hompson	20 DATE OF D	ne ne	3	1987	7 6.20 F		
	e 4 may	o s	3 SE	nale		4 RACE White		June	16, 1916 YEAR	6 AGE (INYEA	1075			FUNDER I YEAR IF UNDER 24 HRS. DNTHS DAYS HOURS MIN.		
	eath. Pog nerol dire	16		RTHPLACE (STATE OR FOREICE ON SYLVania	10	CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DO DIVORCED							
10	of the d	X	12	ry or town of DEATH	I IF NOT IN SUCH FACILIT			NURSING HOME OR OTHER INSTITUTION SESTREET ADDRESS) Nursing Home		120 USUAL OCCUPATION (Type of work for most of working yet) INDUST ASST. Loan Officer			126. KIND INDUSTR Cer S	tate Dep		
AND 212	90	19	13a S		COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFORE HITY OR TOWN Hyattsvill			134 INSIDE CITY LIMITS?	13 STREET AD	BeSTREET_ADDRESS / ZIP CODE 4105 Tennyson Ro			20782		
MARYL	od with	169	FA	Charles	K.	DIE	Thomps	on	Lula		WIDDLE		Schl	ossnagel		
BALTIMORE, MARY	oe ex	a e co		VAS DECEASED EVER IN U		D FORCES? AR OR DATES)	169-10-		Florence Cla	rke (Sis	ter) S		as #1	3		
2	rificate b	emovol		18 CAUSE OF DEATH (ER PART I. DEATH WAS C	AUSED 8	one couse per SY: AUSE (a)	line for ia, ib, on	//	rest					OXMATE INTERVAL NONSET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	death ce	tion, or r		Conditions, if ony, wh		DUE TO, O	RASA CONSEQUE	NCE OF JACK	otic Cardiova	reviar D	(Slave		2	years		
W. PR	that the	ol, cremo		gove rise to immedia couse (a), stating (underlying cause la	he ')	r as a conse o ue							()		
RDS, 20	equires an signed	r to burne injury, o	NO.	PART 2 OTHER SIGNIFIC	ANT COL	THO KE	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE (OR CONDIT	ION GIVE	EN IN PART	110		
AL RECO	he low ion.	grene prio	CERTIFICATION	198 DATE OF OPERATION		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T		N CERTIFY	, WERE FIND YING CAUSI	DINGS USED ES OF DEATH? NO		
OF VIT	CIAN: 1 g physic entificate	intol Hygin Intol		21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	21b. TIME O HOUR A. P.		AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNATUR	RE OF INJURY II	N ITEM TB PA	ART I OR PART 2			
NOISIN	attending ter this o	s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	216 LOCATION STREET		CITY OR TOWN		COUNTY	STATE		
٥.	A P	a a a		220.1 certify that (1) this	hospital	attended th	e deceased fram_	5/	198/	to(a	13	, 1	1981	, that (li (we) los		

TO HOSPITAL OR ATTENDI TO FUNERAL DIRECTOR should be detached for us with the State Dept. of He IMPORTANT: If Item 21 is BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURE

sow the deceased alive on 6/3 obove, (1) (we) (did) (did nat view the body after death

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS 3941

DEGREE

23d. LOCATION CITY OR TOWN

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

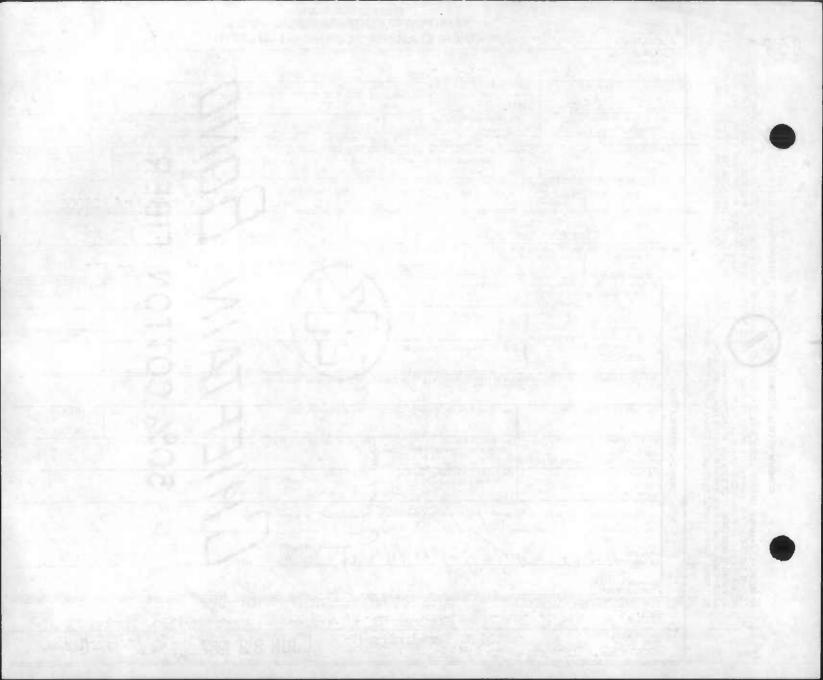
PA

Burial 06/09/87 Plum Creek Cemetery Prancis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

Plumboro Alleghany
256. REGISTRAR'S SIGNATURE

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	The same of the sa	
The state of the s		
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	Manager of Co. 10.10	
	Comment of the same	
No Settler on a Charase) + in the con-	14	
		Pro-

De Broke College College Put + DEVILE PLD



057641 JUN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT

H	8 / REG. NO	7	4	1	3
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
	6	18	84	1:1	0
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HR
AR 5	77 YRS	MON'HS	DATS	HOURS	MIN
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH	Free .	

126 KIND OF BUSINESS OR DC Government

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

				DELM		FICATE OF		8	REG. N	0	7	4	1 3	
		UL L	M	H	Tys	SE/E	2	20 DATE C	OF DEATH	6	18	VEAR 87	26 HOUR 1:10	
SEX	m		Caucasi		MONT 5		YEAR 15	77		YRS	MON'HS	DATS	IF UNDER 24 MOURS A	
CI	DUNTRY)	DC 76	CITIZEN OF W	HAT COUNT	MARRIE			9 BALTIMO	LOV	ITY OF COUNTY OF DEATH				
i	wer SPR	NG }	AF NOT IN JUSH	FACILITY GIVE S	REET ADDRESS)	Hos	petal	TYPE OF WO	PK FOR MOST O	F WORKING L	IFE) INC	DUSTRY	ernme	
30 ST Ma	ryland	136 COUNTY	/1	13c CITY OR T	OWN	13d INSIDE	NO X	1240	ADDRESS 7 Bush	zip cod	e rive	209	06	
	FIRST	MIDO	DLE	TW	04		FIRST	AME	MIDDLE			FO	ntan	
6e W	AS DECEASED EVER			166 SOCIALS	ECURITY NO	17 INFORA	MANT Wi	be			3			
NO	gave rise to imm cause (a), statin underlying cause	which nediate g the last	DUE TO, OR (b) DUE TO, OR	DR AS A CONSEQUENCE OF						DITION GI	VEN IN	PART Inc		
TIFICATION	90 DATE OF OPERA	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO							
153.5	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.M	A. MONTH	DAY YEAR		INJURY OCCUR	RRED (ENTERN	ATURE OF INJUR	RY IN ITEM 18	PART I OR	PART 2]		
MEDI	WHILE TO NOT WE	ILE T										STAT		
0	saw the decease above, (1) (we) (a	ed alive an	p///	1		THE STATE OF THE S	y) (aur) apinian	death accurr	ed on the do	ate and ha		ram the	1	
	DIL	AME (TYPE OR PR	WI)								V.	5/1	8/8	
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MPORTANT, H BURIAL, CREMATION, REMOVAL

23E NAME OF CEMETERY OR CREMATORY

23d LOCATION

that (I) (we) last

burial June 22, 1987 Gate of Heaven
THE FUNERAL DIRECTOR Francis J. Collins, F. Jr.
500 University Blvd., W Silver Spring, MD 20901

Silver Spring Montgomery MD

250 DATE RECID BY REGISTRARIOS IGNATURE

251 DATE RECID BY REGISTRARIOS IGNATURE

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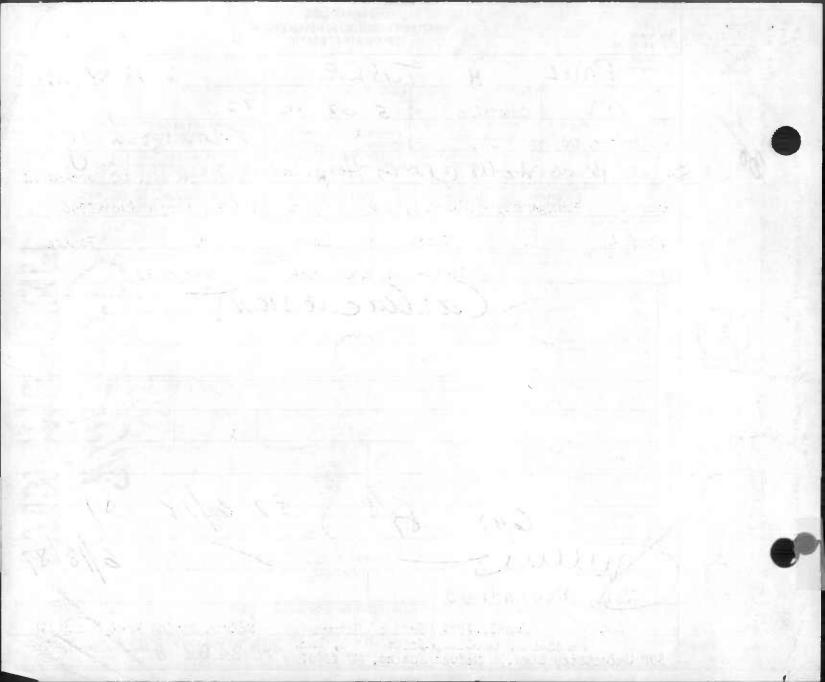
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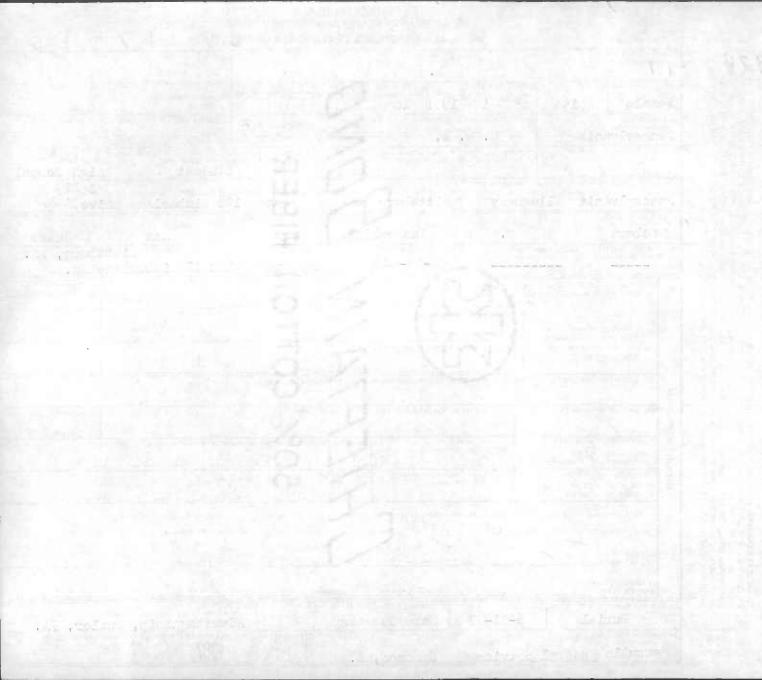
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(VRA 15, 4)	150	10 University B	Lud., W.	Silver	spring	Md. 20901	1. 1.0	170/	0			

The course the states trained the CALCH SESSE, I.V. 056652

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) SEX DAKS YEAR emalo 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I TATE OF FOREIGN New York U.S.A DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 76 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSOR 136 STATE 136 COUNTY 136 CITY OR TOWN 134 STREET ADDRESS / ZIO CODE 134 INSIDECITY LIMITS? Rockvillo Maruland Montgomery 3405 Keating Street 20853 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDOLI MIDDLE Clancy Michael Elizabeth 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) 579-05-6500 Wallaco husband same as 11.0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for o PART I. DEATH WAS CAUSED BY manfl IMMEDIATE CAUSE (o DUF TO, OR AS A CONSEQUENCE OF ndion Conditions, if any, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a ON CATI 28h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION N CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COLINTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC) STREET WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from. 127 Your opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we (did) (did bot) view the body ofter death and that in (my DEGREE 22c. DATE SIGNED 27b. SIGNATURE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN SSmaar Blud 22d PHYSICIAN' 20906 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL (SPECIFY)

June 10, 1987 Gate of Heaven Cemetery

24 FUNERAL DIRECTOR Francis J. Collins GIRE Jr.

500 University Blud. W. Silver Spring. Md. 20901

Spring Montgomeria

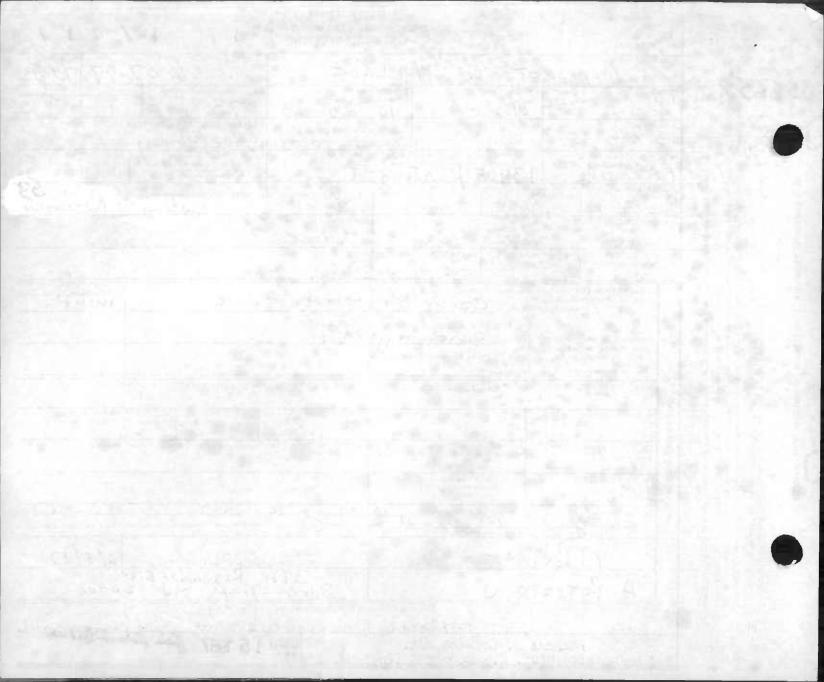
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FOR STATE

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ATTENDING PHYSICIAN

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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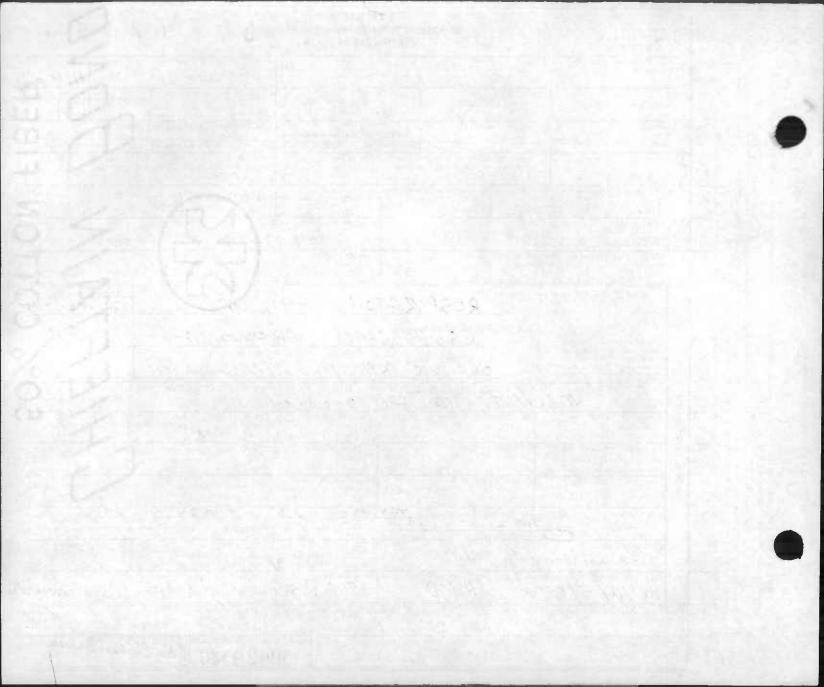
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	obove, (h (we) (did) (did not) view the body ofter death. 22b SIGNATURE DEGREE									22 DAK S	16 VF27	
	Heur	y yes	exch.	M		GREE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR TO PHYSICIAN TO						
	22d PHYSICIAN'S MAMY (TYPE OF PRINT)									1.5	1 . 1	+
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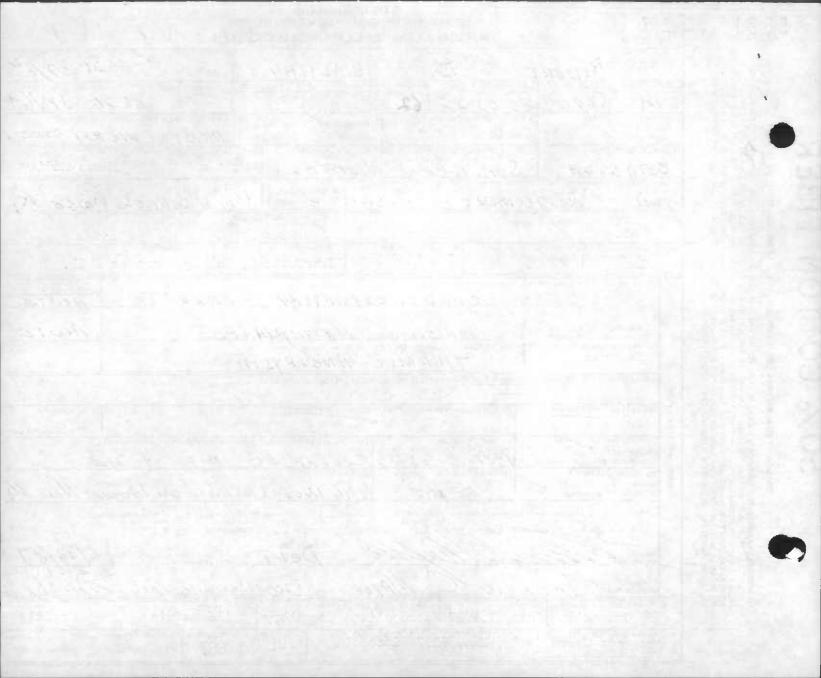
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58315 311 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR KNOWN I DECEASED NAME 20 DATE TYPE OR PRINT KOBER DEATH MATED DATE PRONOUNCED DUR 03 DEAD BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Illinois United States TGO MERY County, DIVORCED WIDOWED . D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION STYPE OF WORK Writer News Media 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CUTY LIMITS? 140N7 YES NO T 601400 Potomac 14 FATHER'S NAME 15 MOTHER SMAIDEN NAME FIRST MIDDLE Walhay Audrev Davies 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) WW Charlotte E. Walhay, Same as # 13. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIORESPIRATURY IMMEDIATE CAUSE (Q ___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATE SHOULD BE DAY
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EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held on death resulted fram-Hamicide Undetermined manner EXAMINER'S NAME TYPE OR PRINT 230 NAME OF CEMETERY OR CREMATORY June 27,1987 Metropolitan Crematory Alexandria Virginia Cremation 07/84 Bethesda-Chevy Chase, Maryland 20814 25M 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 - www. www. pandede (VR A15 ME (5))



(VRA 15, 4)

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FOR STATE

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10 FUNERAL DIRECTOR: After should be detached for use or with the State Dept. of Health.

DHMH - 16 60M 7/84

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

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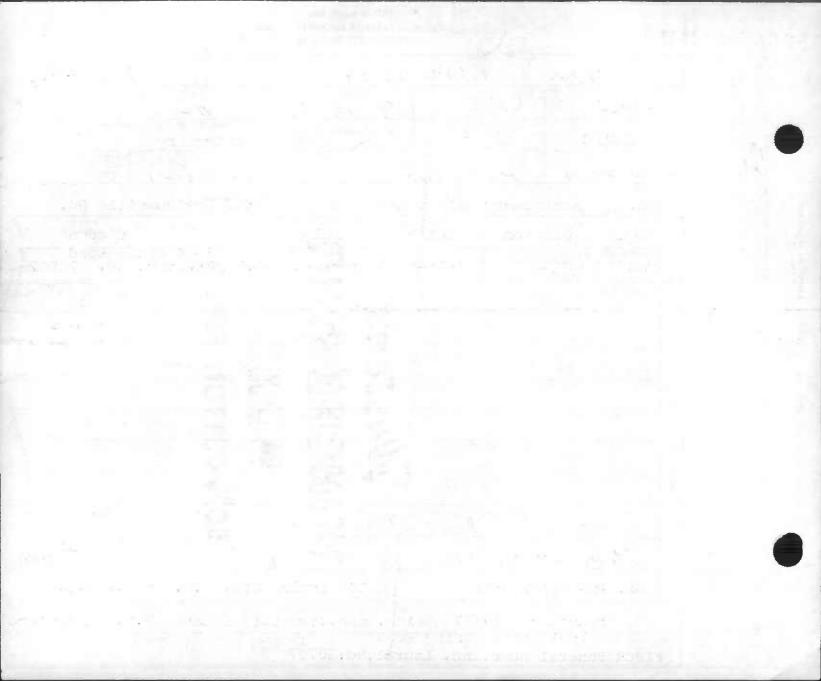
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	13a S		NE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN TAKOMA P	7	134 INSIDE CI	TY LIMITS?	13e STREET AL		ZIP CODE	E. 20	912	
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Ĭ	ME	WHILE NOT WHILE AT WORK	I AT HOME ST	REET FACTORY, OFFICE FA	RAM, ETC)	STREET			CITY OR TOWN	4	COUNTY	\$1	ATE
Ш		22a.1 certify that (I) (this h	ospitol) ottended t	he deceosed from_		3/11	, 19 85	to	6	LE	9 17	that (I) (w	e) lost
		sow the deceased alive	non le	19_	£2 00	Not in (my)	our) opinion di	eoth occurred	on the dote	and hour			
ij		22b. SIGNATUAL		10101	4.	DREE			14.53		22c. DATE	SIGNED	
Ų		lece	m /11	ruce	ve	F	HYSICIAN N	MEDICAL DIRECTOR	STAFF PHYSICIA	N	0/	19/	
1		274 PHYSICIAN'S NAME IT	HE CH PERKY		(/	22e ADDRESS	•						
		DR. ALLE	N MONDZA		V	1145		n ST. N	.W.,	WASH.	D.C.		
		SURIAL, CREMATION, REMO	VAL 23b. DATE	23t N	AME OF C	METERY OR C	REMATORY	23d. LOCAT	ION R TOWN	,	COUNTY	MASI	A)E
	24 51	INCMATION JNERAL DIRECTOR	201/9	1981 6	ham,	bers C	250 DATE	A TIVE	erda/	e f	CAY RAR'S SIGNATI	1110	4
	11	1) M. Als al	12001	816-03	Dus	5 11	13.38	124	987	Julia	Dendon	Randa	elb ,
	10	vo chenno	47601	164) CEL-1	1.5	1	4/10			9			

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THE CONTRACTOR CO.		•—•	.u	.00
as completely two many		THE THE	2027	
non i III ava	7	seas artigo	a special and	.x
	Translature	1.148		BONG
POST - LINE CAN A SECOND - LANGE CONTROL OF CANADA CONTROL OF CANA	AND DESCRIPTION	Moth ship		D.
2073%	70 (E-10)			
2.577.03				

J JUN 10	01	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG NO.	7 9 2 2
Jeoth Jeoth		EASED NAME FIRST PRINTS FRANK		R isden	WE		20 DATE OF DEATH MONTH	17 87 452
od iosofter o	SEX	MALE	4 RACE CAL	ic,	5. DATE C	S 24	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MI
In 72 h	C	OTHO (PRIMUO	09	WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	Montgomery	
by the	570	UER SPITME	HOC IN SUC	H FACILITY, GIVE STREET A	DDRESSI	R OTHER INSTITUTION	120 USUAL OCCUPATION HAVE OF WORK FOR MOST OF WORKING	
filled south by the state of th	13a S	Md. Mont	other institution TY gomery	13c CITY OR TOWN	V .	13d INSIDE CITY LIMITS?		20910 ville Rd.
ond 2			nson	₩ê'lsl		He'l'en	MIDDLE	Risđën
Poges 1	6a. W	AS DECEASED EVER IN U.S. AR	WED FORCES?	351-14-8		Frank M. We		est Road , Md. 20902
physicio inpopers emovol.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	y ane cause per D BY E C AUSE (a)	line far (a), (b), and	5140	100)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
nove carbo ation, or re traumatic		Conditions, if ony, which	DUE TO, O	r as a conseque		nems tan c	CANCER	2400
other		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	r as a conseque	NCE OF	CANCER	of curo	
Then plear to burno injury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or condition o	GIVEN IN PART 110
t permit	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
s the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health		22a certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did na] /	1) 19	8), 01	d that in (my) (aur) apinian	death accurred an the date and h	that (I) (we) I aur and from the causes stated
detached late Dept.		Stoly Sch	and I	J. Bre			MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
should be de with the State		Dr. Frederi		ır		106 Irving	Str. N.W. Wa	sh., D.C.
5 % ¥ ¥		URIAL, CREMATION, REMOVAL Crematic	236 DATE			Mash.Crematory	23d LOCATION OLV Taurel F	G.G. Maryle

DHMH - 16 60M 7/84 (VRA 15, 4)

Fleck Funeral Home, Inc. Laurel, Md. 20707



FOR

- STATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

moish PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 dune 24 and that in (my) would apinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED ture 24, 1487 FERRALA BRUS WHEATON, MYD 20906 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Pockville, Inc. 300 West Montgomery Ave. Rockville, MD (SPECTemation

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

1987

17h KIND OF BUSINESS OR

Medina

Own Home

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs effor death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Theral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

the

or Item 18 sho

orked

IMPORTANT:

CERTIFICA

MEDICAL

0.7		STATE OF MARYL
FOR		DEPARTMENT OF HEALTH AND
- STATE	FLORENCE	CERTIFICATE OF

NONO 4 RACE

AND MENT AL HYGIENES CERTIFI

CATE OF DEATH	REG. NO.		
ST WHALEN	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
alen	Ce/291	187	550 A1
BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
16 22	Cell YRS	MONTHS DATE	HOURS MIN
	A DALTIMORE CITY OR COUNT		

White	09	16	ZZ
USA		NEVER /	MARRIED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

K WIDOWED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

HOME

LAST

	5	uburban	402
R	INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION!	
		13'EETTHESTY	134 INSIDE CI
		DETUEODA	VEC TO

213-50-9336

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

TY LIMITS? YES X NO 15 MOTHER'S MAIDEN NAME

AMANDA

East West Highway 20814

WARD

4 FATHER'S NAME FIRST MIDDLE LAST THOMAS GEORGE WHALEN

(IF YES GIVE WAR OR DATES)

166 SOCIAL SECURITY NO

AD9740 YELLOW STONE WAY

17 INFORMANT MRS. DOUGLAS WHALEN

H. MAKER

B. B B VIII	y ane cause per line far (a), (b), and (c)	APPROXIMATE INTERV BETWEEN ONSET AND D
IMMEDIAT	ECAUSE 10 ANENOCARCINOMA OF THE ENDOMETRIUM	11 Mas
	DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which	(b)	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
onderlying coose lost.	((c)	

196 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTO		206. IF YES, WERE FINE IN CERTIFYING CAUS	
			YES 🗌	NOC	YES [NO []
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCC	URRED (ENTER NA	ATURE OF INJURY	IN ITEM 18 PART OR PART 2	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
22-1	model the least 11 AD Late	- 5	71	AND DE		

220.1 certify that (I) (this hasaital) attended the deceased fram	Backet 5
sow the deceased alive an JUNE 28 19	and that in
(did not view the body after death.	
DE SIGNATURE	DEGREE

, 19.06 , to VANE 01 , 19.07 , that (II (we) last (my) (aur) apinian death occurred an the date and haur and from the causes stated

DEGREE 225. DATE SIGNED ATTENDING MEDICAL

7 7 7 0 7	V 6-10-	ALC: CARRE
HYSICIAN'S NAME	(TYPE OR PRINT)	
/ ^		
Anos LI	BONIN	1/MAA

STAFF PHYSICIAN #

20850

	NAMES	N·D	SOWN.	IMA
23a	BURIAL, CREMATIC	N, REMOVAL	236 DATE	2

30 NAME OF CEMETERY OR CREMATORY

FOREST OAK

23d LOCATION CITY OR TOWN

24 FUNERAL DIRECTOR MURIEL H. BARBER

BURTAL

REGISTRAR . DECEASED NAME

To. BIRTHPLACE ISTATE OF FOREIGN

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE MD. 13b COUNTY MONT.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(TYPE OF PRINT)

MD.

3. SEX

FIRST

GATTHERSBURG, MONT MD 250 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

LAYTONSVILLE, MD. 20879

JULY 1.1987

STATE OF MARYLAND DEPARTMENT OF BEALTH AND MENTAL BYCIENE

	1 -	STATE REGISTRAR			DEI ARTH		ICATE OF DEATH	REG. N	10.	7		
		CEASED NAME	FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	TANE	JA	MES	P	ATRICK	WE	HITE	JUN:	E 09 1	987	8:05	P M
	3 SEX	X		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF NOER YEAR	IF UNDER 24	i HRS
		MALE		CAUCA		JUL	Y 2° 19527	59	YRS	MUNTES DAYS	HOURS	MIN.
7		RTHPLACE TE OR F			WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1	VAS	HINGTON, D.	C.		STATES	WIDOWE	D DIVORCED	MONTGOM	ERY			MD.
1	1100	THESDA	ATH			BETHE	DR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) ADR-1/E6	OF WORKING LIFE	12b. KIND C INDUSTRY MILI	F BUSINESS	5 OR
	13n S	AL RESIDENCE HE NURS		COMERY INSTITUTION	SILVER S		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS DRIVE 209		13104	ENGLE	WOOD
	14 FA	ATHER'S NAME		MIDDLE	IASI		15 MOTHER'S MAIDEN NAM	ME		LAS		
Э.		WILLIAM	F	ANDREW	WHITE		HELEN	AGNE	S	SHAI		
	0	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT Wife	ADDR 13	104 EN	GLEWOOI	DR.	
	Y	ES			574 09 6	903	ALMA ZACCARI	N WHITE SI	LVER S	PRINC.	MD 20	1904
		18 CAUSE OF DEAT PART I. DEATH W	H Enter of	D BY						BETWEEN	ONSET AND DE	ATH
				TE CAUSE (a)	MELANOMA	METAS	STATIC TO BRAI	.N				
				DUE TO, O	R AS A CONSEQUE	NCE OF						
		Conditions, if any,		(b)_								
		gave rise to imm couse (a), statin		DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying cause	last.	(c)								
		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0	
	o l											
1	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING CAUSES		?
_	CER	21a. ACCIDENT WAS UNE	DERLYING [216 TIME O			216 HOW INJURY OCCURR					
-		OR CONTRIBUTING		AID.	M. MONTH DA							
1	MEDICAL	21d INJURY OCCURE		P.: 21e. PLACE		19	211 LOCATION					_
*	ME	WHILE NOT WH	ILE	(AT HOME, STR	REET, FACTORY OFFICE FA	RM, ETC)	STREET	CITY OR TO)WN	COUNTY	STAT	1E
		220.1 certify that (1)		ital) attended th	e deceased from	5 JIIN	JE19.87	to 9 JUNE		1987	that (I (we	last
		sow the decease			19 8		d that in (my) (aur) opinion o	death accurred on the d	ate and haur			
		abave, (1) (we) (s	11/20	100 body	ofter death.	CUS				22c DATE		
		ALBERT	A. C	OOK LT	MC USNR		1.D. ATTENDING	MEDICAL STA	FF CLANIC	10 JI	JN 198	37
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			122- ADDDECC	1		NIAT CAT	TTAT	_
		ALBERT A	. CO	OK LT MC	USNR		REGION, NAVAL	HOSPITAL,	OMMAND	, BETH	ESDA,	MD.
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(Burial		June 12	1987 Gaz	e 06	Heaven Cemete		Spring	Monta	omeru	Md.
	24 FL		Franc		ellins J	_		REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNAL		
	500	1 Universi					na. Md. 20901	1 5 1987	Julia D	cargas. K	adalls	1
		, marking	-14 - FW	WILL WELL	, January Col	2000	7.00					-

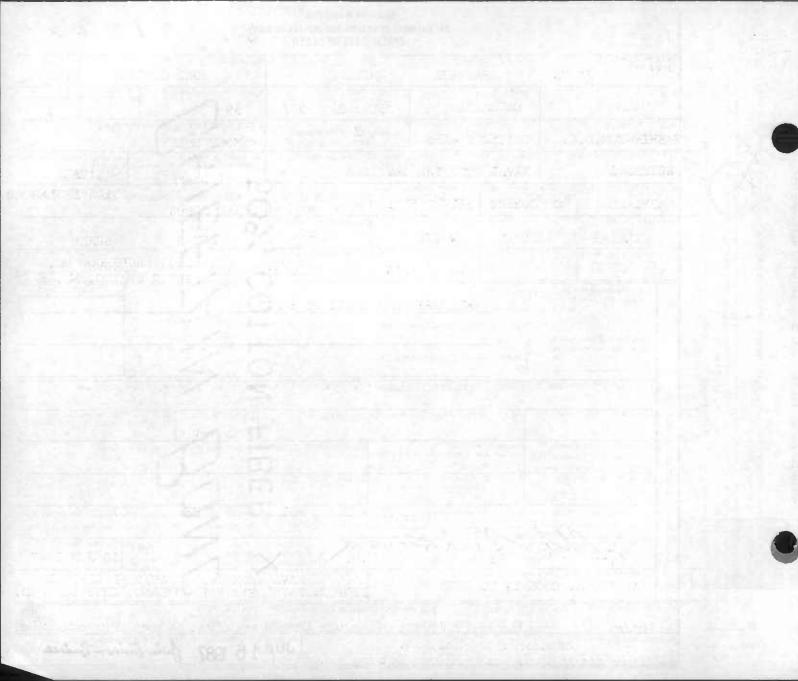
DHMH - 16 60M 7/84

etained by the haspital

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove corbonn serior with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removant IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event.

(VRA 15, 4)



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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CENTIL	ICAIL OI DEATH	REG. N	Ю.	
	EASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH	MONTH	DAY YEAR 26 HOUR
(TYPE C	OK PHIM!)	FAITH		R.	WH	HYTE	J1	une	21, 198711:45P
3 SEX		- 4	RACE		5 DATE C		6 AGE (IN YEARS LAST BE	(YAGHIS	IF UNDER LYEAR IF UNDER 24 HRS
	Female		Whit		Septe	ember 9,1927		59 _{YRS}	
- 00	THPLACE ISTATE OR			WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH
Pe	ennsylvan:	ia	U.	S.A.	WIDOWE		Montgomery	y Cou	inty,
10 CIT	Bethesda	ATH 1				et, Apt. 1	ITYPE OF WORK FOR MOST O Housewife	OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY Home
13a S1	L RESIDENCE IN NUR TATE ryland	136 COUNT	other institution by gomery	13c CITY OR TOWN Bethesd	N	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 10662 Weymo	zip co	Zip: 20814 Street, Apt.1/
14 FAT	THER'S NAME FIRST Arthur		A.	Riemer		15 MOTHER'S MAIDEN NAME FIRST Mary	AE MIDDLE C.		Colliton
Iáa W	AS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	ESS	COTITION
	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579-32-64	429	Warren E. Why	te, Husban	d, Sa	ame as item #13
	18 CAUSE OF DEA	TH Enter only							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH V		CAUSE (a)	Carcinoma	of t	he Lung			1 year
CERTIFICATION	198 DATE OF OPERA					NOT RELATED TO THE TERM	200 AUTOPSY? YES NOX	206 IF Y	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\cap \)
	21a. ACCIDENT WAS UN	CAUSE OF DEATH		M. MONTH DA		21c HOW INJURY OCCURR			
M. M.	(# EITHER NOTHY MED 716 INJURY OCCUR WHILE NOT W AT WORK AT WO	RED	21e PLACE		ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
	sow the decease above, (1) (***) (****)	sed alive on_	June	19 19	March 87 .on	d that in (my) (our) opinion d	eoth occurred on the de		. 19 87 that (Im(we) last
	226 SIGNATURE	AME (TYPE OR	alut PRINT)	olt m	5	ATTENDING PHYSICIAN X	MEDICAL STAI DIRECTOR PHYSIC		June 22, 198
	Richard V			LITE			oir Rd., N.	W.,W	ashington,D.C.
23a Bt	URIAL, CREMATION	, REMOVAL	236 DATE	une 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY STATE
15	PEC IFY)		1				CITORIOWN		LOUNTY STATE
	Burial		24,19	87 Mt.	Oliv	vet Cemetery Home/Bethesdau 20814	Wash	ingto	on, D.C.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8 REG. NO.	7	9	2	1
1	20 DATE OF DEATH MONTH	DAY	YEAR	26 HO	UR
	June 14, 198	37.	- 3	7:1	5am
1	6 AGE (IN YEARS LAST BIRTHOAY)	IF UND	ERIVEAR	IF UNUE	R.J.HR

FOR STATE REGISTRAR		DEPART		ICATE OF DEA		ENE 8 / REG NO.	7	9	2	1
I. DECEASED NAME FIRST		MIDDLE	l.	AST		20 DATE OF DEATH MONIH	DAY	YEAR	26 HOU	R
Gilb	ert	D.	W	ilc/x		June 14, 19	87		7:1	5am.
3 SEX	4 RACE		S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	RIVEAR	IF UNUER	
Male	Cauca	sian	June	29, 188	gear	97 YR		DATS	HOURS	MIN.
To BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAR		9 BALTIMORE CITY OR COUN	TY OF DE	ATH		
Minnesota	United	States	WIDOWE	37	CED 🗌	Montgomery	Coun	ty		MD.
Takoma Park	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET Adve	ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Manufacturer	G LIFE) IND	USTRY	FBUSINE	
USUAL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E AOMISSION)				7.5	21 0		7.7
	ntgomery	Betheso		13d. INSIDE CITY I	LIMITS?	13e STREET ADDRESS / ZIP CO Highway # 1202	2/ 20	814E	ast	West
14 FATHER'S NAME			, u	15 MOTHER'S MA		Æ				
Frank	E .	Wilco	x	Dais	ie	BIDDIE		Rose		
160 WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Vathra	yn Wilcox Herma	neon	530	7 Wa	neta
(YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	468-05-7	7853	Road Bet	hesda	Maryland 2081	6 (Da	ught	er)	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA 2 19a DATE OF OPERATION 2 21a. ACCIOENT WAS UNDERLYING	DUE TO, O	R AS A CONSEQUI	DEATH BUT	hydre	hen	NAL DISEASE OR CONDITION 200 AUTOPSY? YES NOT	GIVEN IN JOSEPH STIFFYING (YES	FINDIN	13 USED	H?
OR CONTRIBUTING CAUSE O	MINER) HOUR A	M. MONTH D.	AY YEAR		Y OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	IS PART LOR	PART 2)		
21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	1 0	UNIY	5	TATE
220.1 certify that (1) (this has a saw the deceased alive above, (1) (we) (did) (did)	e on	1 3 195	37.0	nd that in (my) (our	9) opinion d	eoth occurred on the date and	hour and f	rom the d	that (I) (V	(e) lost
22b SIGNATURE	A	Chap	Bu	PHY:	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		June		1987
22d PHYSICIAN SHAME	CHP CHP	CKO		22e ADDRESS	761	b Carroll Avi	中中	397	MD	2091
23g BURIAL, CREMATION, REMO (SPECIFY) Cremation	15, 1	June 23c 1	NAME OF C Metro	emetery or creation Cremator	y y	23d LOCATION CITY OR TOWN Alexandria,	Virgi		51	TATE

18 shows ony injury, or ather troumatic event, th

IMPORTANT: If Hem 21 is marked or Hemp

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene priar to burial, cremation, ar removal.

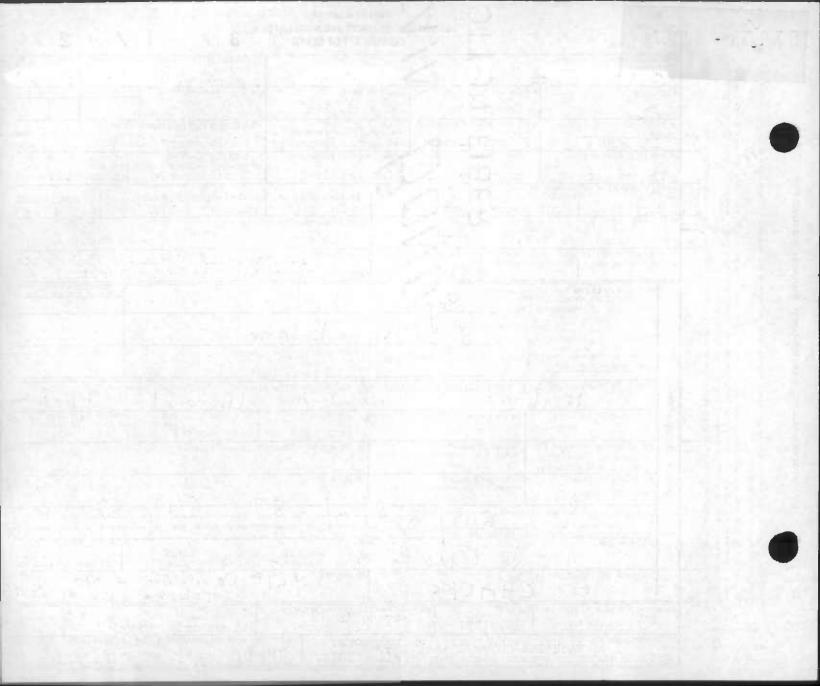
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Cremation 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Ho Bethesda-Chevy Chase Inc. 7557 Wisconsin Avenue Bethesda, Maryland 24 FUNERAL DIRECTOR

Alexandria, Virginia

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



2

	1	10	em #16: fi	630, by F	.H., 8/28	3/87, EbJ.	STATE	OF MARYLAND					
			FOR STATE			DEPART		EALTH AND MEN		ENE3		7 9	28
		1	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG.			*
21 1			EASED NAME	FIRST	٨	AIDOLE	2 .	AST .		28 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
oge 3			G. (1.1.VI)	Anna		E.		11 1ams			6	3 87	(Am
pot		SEX			RACE		5 DATE O		YEAR /	6 AGE (IN YEARS LAST	BIRTHDAY)	WUNTHS DAY	
97		01	Lemac	e	WHIT	E	No	0 0/1 10	104	8 2	YRS		
110	12		RTHPLACE (STATE	OR FOREIGN)	6 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVERMARE	RIED 🗍	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
11/2	1	WE!		NIA	do	SH	WIDOWE	DE DIVOR	CED 🗌		OMER		
HIT E	7/1	0 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET		R OTHER INSTITUT	TION	12a USUAL OCCUPA		12b. KIND IFE) INDUSTR	O OF BUSINESS OR RY
11 7	0	-		in G	CARR			RSING HO	ME	Home	MAKER	- 1+	OME
53/4	71	ISUA I3a S	L RESIDENCE (#)	13b COUN	OTHER INSTITUTION	136 CITY OR TOV		13d INSIDE CITY L	LIMITS?	13e STREET ADDRES	S / ZIP COD	E	,
10 1	2		ARULAND	MONT	- Co.	SIWER SI	DRING-	YES X NO			YER A	VE. /	20910
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(VRA 15, 4)		CH	AMBERS TO	HNORAL	HOME	SILVER.	SARING	-, MD.	100	1 2 0 2001	1	Anna K.	Virginia.

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1 - STATE

by the funeral director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO					

LUELLER (NMN) WILLIAMS JUNE 19, 1987 FEMALE NEGRO NOVEMBER 9, 1926 NOVEMBER 9,	GGGG
LUELLER (NMN) WILLIAMS JUNE 19, 1987 4 RACE S. DATE OF BIRTH MONTH OAT TEAP NOVEMBER 9,1926 70. BIRTHPLACE ISTATE OF FOREIGN FOUNTY Florida 10. CITY OR TOWN OF DEATH BETHESDA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F. NOT IN SUCH PACTEUT, GNE STREET ADDRESS) NIH, THE CLINICAL CENTER 136. CITY END TOWN OF DEATH 1379. STATE 136. COUNTY 1379. STATE 136. COUNTY 1379. STATE 136. COUNTY 1379. STATE 1379.	IF UNDER 13 HE HOURS MIN
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WHILE NOT WHILE AT WORK AT WORK AT WORK	STATE
22a Lectify that X (this haspital) attended the deceased from May 25 1987, to June 19 1987, that saw the deceased alive on June 19 1987, and that in XXI (aur) opinion death accurred an the date and hour and from the causabave, X (we) (did) (XXXI) view the body after death.	auses stated
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (4 - 2)	20-8
ROBELT E FROMM JR ND 220 ADDRESS National Institutes of Health 9000 Rockville Pike, Bethesda, Md.	h 20892
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN CALL OF CALL OF CALL OR CALL	la.STATE

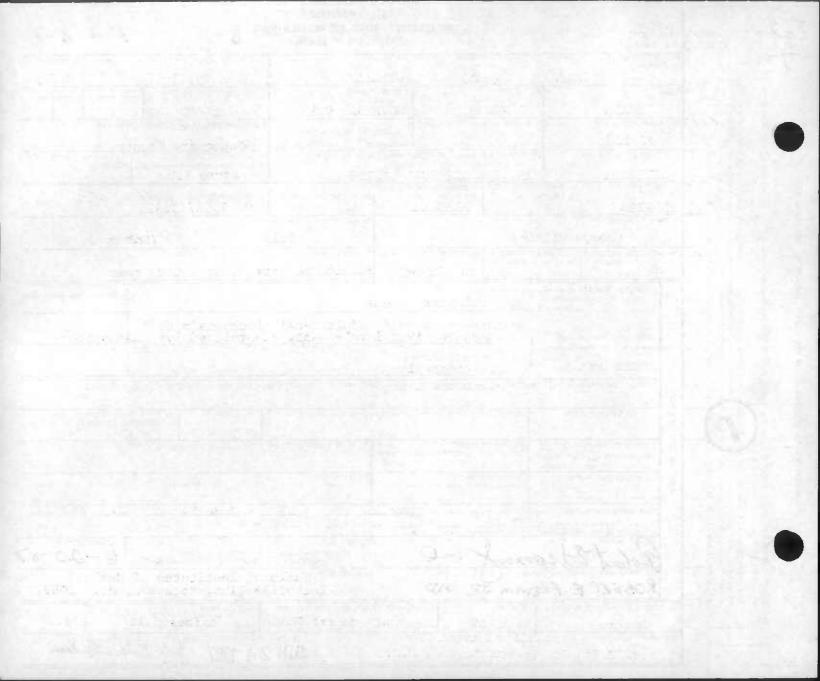
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TO HOSPITAL

IMPORTANT: If Item 21 is more ad an should be detached for use on the with the State Dept of Health and TO FUNERAL DIRECTOR: After

> Removal | 6-22-87 Chestnu RAL DIRECTOR Marshall's Funeral Home ADDRESS ACORESS 4217 9th St NW: Washington, D.C. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 2 4 1987



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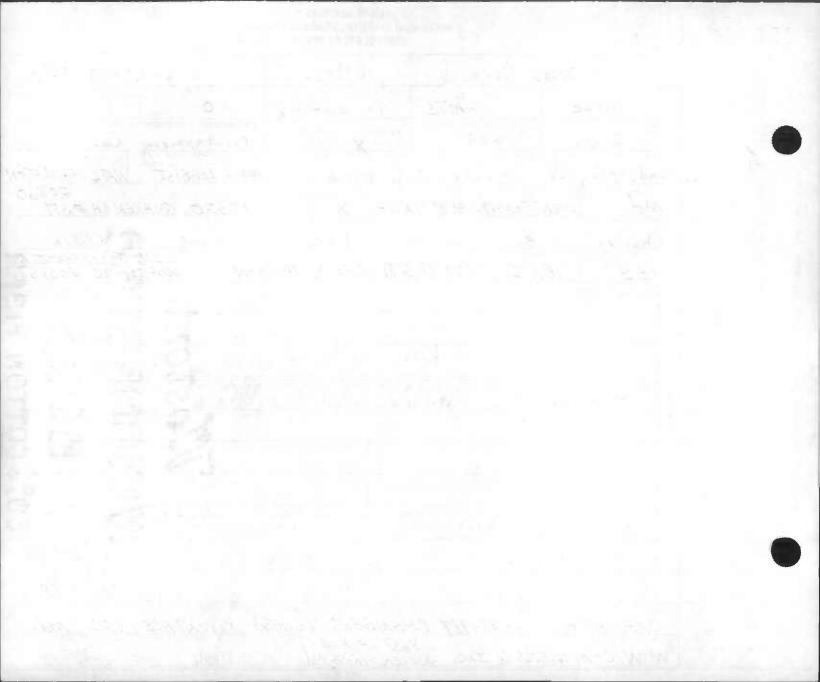
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	0	charles	B. Wilso	^	ANTHER'S MAIDEN NA	Jane ADDRE		vills	DA_
1			MED FORCES? 166 SOCIAL SECU WAR OR DATES) 579-38-	3/71 L	EE R. WIL	SON	4216 VEI WASh.D.	NNIF.	ERST. NU 20015
	No	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	Ily ane cause per line far (a), (b), and D BY (E CAUSE (a)) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDUTIONS CONTRIBUTING TO D	JONE OF J	alus Pr undia CU RELAMED TOWNE TEAM	Adra C	JAF :	3~	SETAND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	AUSES O	S USED F DEATH?
7	MEDICAL CERT	saw the deceased alive an above, (1) (We) (did) (c	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY IAT HOME STREET, FACTORY, OFFICE, F. tol) attended the deceased frame.	19 211 ARM, ETC) , and tha	LOCATION STREET . 19 7	CITY OR TO	wn COU	, the	
1		226 PHYSICIAN'S NAME (TYPE	OR PRINT]	DEGR	ATTENDING PHYSICIAN DADRESS	MEDICAL STAR	F _ /	DATE SIN	DER.
	24 FL	SURIAL, CREMATION, REMOVAL SPECIFY UNDERAL DIRECTOR NAME, OUTPUT DIRECTOR	6-28-1987 CI	HAMBE	ERY OR CREMATORY RS CREMITS AVE 250 DAT	23d LOCATION LITY OR TOWN TE REC'D. BY NEGISTRAR	PALE, RO- 25b REGISTRAR'S S	C. IGNATUR	Md.

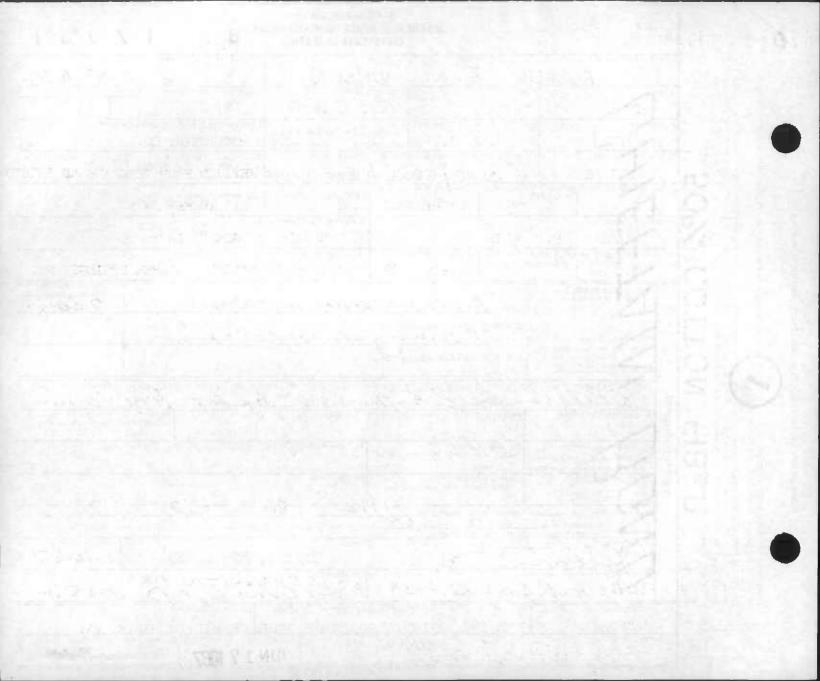
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1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CEPTIFICATE OF DEATH

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DEC NO				

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	7 9 3 2
19 0	DECEASED NAME FRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
11	JAMES	F. WI	THERS	June 14 198	3:09
3.	SEX	4 RACE	5 DATE OF BIRTH		IF LINDER I YEAR IF UNDER 24 H
	Male	White	July 9 1910	76 YRS	ONTHS DAYS HOURS N
70	BIRTHPLACE MATEORFOREIGN COUNTRY Washington D.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	March areas	OF DEATH
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 199 ROLLINS AVE	G HOME OR OTHER INSTITUTION ADDRESS) #626	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE BUSINESS Machine	126 KIND OF BUSINESS INDUSTRY Mechanic
13 13	SUAL RESIDENCE (IF NURSING HOME OF IS STATE 136 COUP Maryland Mont	rother institution give residence before NTY 13. CITY OR JOW ROCKVILL	N 138 INSIDE CITY LIMITS?	199 Rollins Ave.	(20852)
5/14	FATHER'S NAME FIRST James	MIDDLE LAST Wither	IS. MOTHER'S MAIDEN N	MIDDLE C.	Brosnau
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV YES WW	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 577 05	771 7 70 711		me as #13 bove
ent, ine	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one cause per line for 1a , (b , and ED BY: TE CAUSE (a)	entrouler Foil	unt	APPROXIMATE INTERVA BETWEEN ONSET AND DE
other troumonic	Canditions, if any, which gave rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) OL FOR SA CONSEQUE (c) (c)	ENCE OF IL - De	Erction	years
o'Annlu	1 1	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition give	EN IN PART 1 a
Septiminal Septimina Septiminal Septimina Septimina Septimina Septimina Septi	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
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Z1 15 mg		attended the deceased from 19 on 19	Pec 22 , 19 8	n death accurred on the date and haur	and from the causes state
E = = = = = = = = = = = = = = = = = = =	Homi la Loca	wer K.D.		MEDICAL STAFF DIRECTOR PHYSICIAN	June14,19
MPOKI AN	Harris M. Ker	nner M.D.		Georgetown RdBet	thesda Md.
23	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Lincoln Cem.	Washington DC	COUNTY STAT
7/84	FUNERAL DIRECTOR DEVOI		2222 Wisconsin 250 D Ington D. C.	ATE REC'D. BY REGISTRAR 25h. REGISTE	

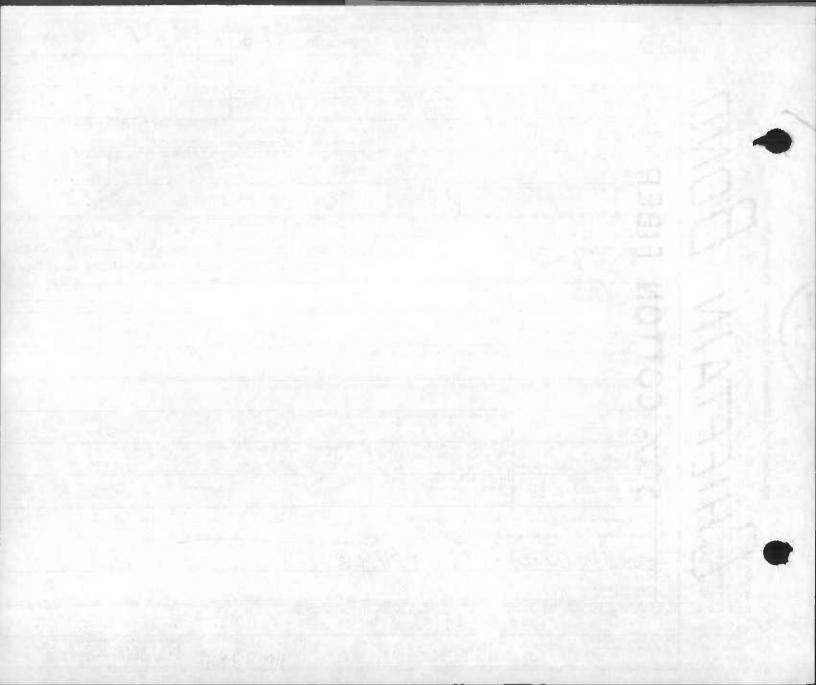
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO MOSPITAL OR ATTENDING PHYSICIAN. The etained by the haspital or attending physician.

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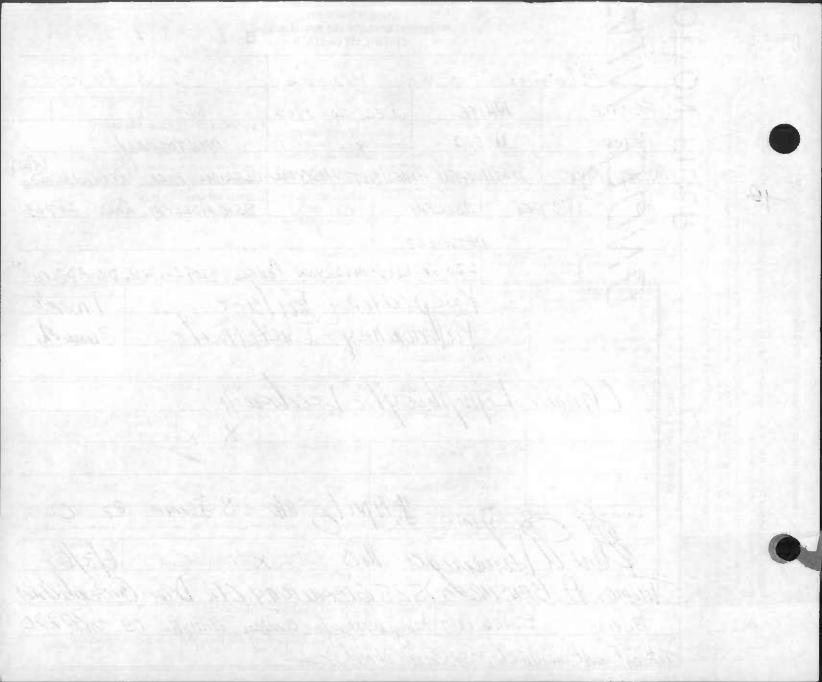


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DHMH - 16 60M 7/84 (VRA 15, 4)

		STATE OF MARYLAND	
1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
-9	REGISTRAR	CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126 HOLDS	-
	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
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18 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1216 KIND OF BUSINESS OR	_
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	1	FOR			DEPART	MENT OF H	EALTH AND M	ENTAL HYGI	ENE /	1 7	9 3	0
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG	10		1
10	I DEC	EASED NAME	FIRST #	/ /	MIDDLE		ASI		20 DATE OF DEATH	MONTH O	AY YEAR	2b HOUR 4
110		OR PRINT)	Sho	04	17 1	MA	1 coras	0	6-17	0-		1. OL
		17	-uce	101	10	WOC	LCOTTI	0	011-	8/-		11 PM
	3 SEX	(4	RACE		5 DATE C	F BIRTH		6. AGE (IN YEARS LAST	SIRTHOAY}	FUNDER I YEAR	IF UNDER 24 HRS
		Male		Cuc	caston	MONTE	84	23	6	3 yrs	ONTHS DATS	HOURS MIN.
17		RTHPLACE STATE OF F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MA	RRIED -	BALTIMORE CITY	OR COUNTY	OF DEATH	1
	Wa	shington.	DC	05	SH	WIDOWE	DNO DNO	DRCED [Monta	onev	4 000	NOTY MD
1	10 CI	TY OR TOWN OF DEA	nh I	LIF NOT IN SUC	HOSPITAL, NURS	T ADDRESS)	R OTHER INSTIT	UTION	120 USUAL OCCUPA	TION OF WORKING LIFE		BUSINESSOR
	10	e kovia	PK.	wast	ringto	on A	dvents	5+	Sales Pla	nner.	Food 1	Broker
	130 S	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFO		13d INSIDE CIT	VIIMITS2 1	13e STREET ADDRESS	/ ZIP CODE	,	205/1
1	1	40	24000	1	Silver	Spring	1	10 🗆	1602	Flora	LLan	e ,20910
Park	14 FA	THER'S NAME				1 7	15 MOTHER'S	MAIDEN NAM				
	0	larence	MID	OOLE	Woodwa	nd.	Jul	ist	MIDDLE		TAST	2.11
-		AS DECEASED EVER	INIIS ARAF	D FORCES?	16b SOCIAL SEC		17 INFORMAN		ADD	RESS	lve	24
1		ES NO OR UNKNOWN)	(IF YES GIVE W	AR OR OATES)	200				wife			
1		yes	WWII	42-45	578-20-	0551	Delori	s K. Wo	odward	same a		
		18 CAUSE OF DEAT			line for o , (b , a	nd c					BETWEEN OF	NATE INTERVAL
		PART I. DEATH W	AS CAUSED E		resizir	autoru	1. 1711	ure			Ida	-63
			IMMEDIATE				1					9
				DUE TO, OF	AS A CONSEQU	a	1 mod	7 1.1.	, , , ,		400	171
n pa		Canditions, if any, gave rise to imn		(b)	wide	(Preo	71 11001	60111	- (am		1 11	6
		couse to statin	g the	DUE TO, OF	R AS A CONSEO	JENCE OF						
		underlying couse	lost	((c)								
		PART 2 OTHER SIGN	JIEICANT CO		INTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CO	NDITION GIVE	N IN PART La	
	NO O		more									
100	CERTIFICATION	19s DATE OF OPERAT	HON	19h CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20m AUTOPSY?	70b IF YES.	WERE FINDING	GS LISED
1	FIC									IN CERTIFY	ING CAUSES C	OF DEATH?
<	RT								YES NO	YES		NO []
-	ä	210 ACCIDENT WAS UND		216 TIME OF	FINJURY M. MONTH [DAY YEAR	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM 18 PAR	T : OR PART 2)	
/	AL	OR CONTRIBUTING		P./		19	1					
	MEDICAL	21d INJURY OCCURE		21e PLACE C	OF INJURY		211 LOCATION					
	WE	WHILE NOT WH	ILE	(AT HOME STR	EET FACTORY OFFICE	FARM ETC)	STREET		CITY OR	OWN	COUNTY	STATE
		220 1 certify that (1)		ottended the	e deceased from	6/3		19 8 7	10 G/17	10	87 1	nat (l) (we) last
		saw the decease		6/17	19	\$ 2 - 00	d that in (my) (s	ur) apinion de	eath occurred on the	date and hour		
		abave, (l) (we) (a		new the body	after death	-		,		dore and noor c		
	-	226 SIGNATURE	1	0	VL		DEGREE	ENIO NIO	ALEDICAL ST		22c. DATE S	IGNED
,		2	tave	1 K.	(al)			YSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	6/1	8/87
1		22d PHYSICIAN'S NA	ME (TYPE OR PE	Rykit)	J		22e ADDRESS					
/		1 A12 12 1	0	KAT	7 MD		760	J CAR	ROLL A	UF TH	mars	PARK
/_	-	miller	1	17111 2			100	0 07710	1000 //	111	70,17	
		URIAL, CREMATION,		23b DATE			EMETERY OR CR	EMATORY	23d LOCATION		COUNTY	IN STATE PHO
		buria		June20			Heaven		silver Sp		ntg	MD STATE
	24 FL	INERAL DIRECTOR F	rancis	J. Co.	clins Fu	neral	Home, I	20 PATE	REC'D. BY REGISTRA	R 256 REGISTRA	AR'S SIGNATU	RE
4	50	O Universi	tu Blu	d. W S	ilver Sp	rina.	MD 2090	1 JUN	2 2 1987	juice die	more No. You	nd.
			-)	,						100		

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-2	3	3	
7	7	7	-

	1	FOR STATE	DEP	PARTMENT OF H			7	17	9 5	1
	1.	REGISTRAR		CERTIF	ICATE OF DEA	ATH O	REG. N	0.		
91		EASED NAME FIRST	MIDDLE	Ţ	457	20.	DATE OF DEATH	MONTH DAY	YE AR 2	b HOUR
-	(TABE	CR PRINT)	R	(110	ndnot	4		6 4	87	0450
	3. SEX	4	RACE	5. DATE O	F BIRTH	6 A	GE (IN YEARS LAST BIR	THDAY) IF		FUNDER 1 HRS
	,	France	WHITE	MONTH	DAY	YEAR 93	.92	YRS.	NINS BAIS	OURS MIN
1	70 BIF	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	VTRY? 8		9 B	ALTIMORE CITY O		FDEATH	
2	Mo	ryland	USA.	WIDOWE	NEVER MAI	7.11	Moni	too mo	VI G	Vialities.
7,		Y OR TOWN OF DEATH	. NAME OF HOSPITAL, N	IURSING HOME O		ITION 120	USUAL OCCUPATI	01/	126 MINDOFE	BUSINESSOR
$ \mathcal{I} $	1	AKOMA PAKK	(IF NOT IN SUCH FACILITY, GIVE	TON AD	VENTUTI	IND (IV	PE OF WORK FOR MOST O		INDUSTRY	
	USUA	L RESIDENCE (IF NURSING HOPE OR OTI	HER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	1510131	40 34-1	Homemak		Own Hor	ne
1	130. S	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			13d INSIDE CITY	-	STREET ADDRESS		0.0	00000
1	MAFA	THER'S NAME	2 Georgesty	altouille	IS MOTHER'S M		727. Chill	um Mano	r Rd.	20783
24	6	FIRST MID	DDLE	ST	FIRS		WIDDLE		LAST	
8	14- 50	John AS DECEASED EVER IN U.S. ARME	Orris	SECURITY NO.	17 INFORMANT	ie	ADDRE	SS	Vertz	
7		ES, NO OP 19 CIVIN) (IF YES, GIVE W		1.0 000	17 INFORMAINT		AUDIC	.55		
		no _	1912-	48-829	Doris_	B. Shore	es daugh	ter sa	me as	#13
		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	BY .	1	1		*		BETWEEN ON	
		IMMEDIATE (News!	bless	into	crc1		3/12	weeps
			DUE TO, OR AS A CONS	SEQUENCE OF						
		Conditions, if ony, which	(b)							
		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONS	SEQUENCE OF						
		underlying couse lost	(c)							
	_	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO		()	DITION GIVEN	IN PART 1 a	
1	CERTIFICATION	Hypothyn			minal		walfly			
1	CAI	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORM	ED 2	Do AUTOPSY?		VERE FINDING	
-	E					Y	ES NO	YES [_	NO 🗌
6	Ü	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJUI	RY OCCURRED	(ENTER WATURE OF INJUR	RY IN ITEM 18 PART	OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	arrice capa Etc.	211 LOCATION		CITYOR 10	WN	COUNTY	STATE
	E	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, PARM, ETC.)			,			
		220.1 certify that (I) (this hospital)	ottended the deceased (from 5	15	19 8 7	to	19.	87 the	t (I) (we) lost
		sow the deceased olive on above, (1) (we) (did) (did not) v	6 - 5	19_8 on	d that in (my) (ou	r) opinion death	occurred on the do	te and hour a	nd from the co	uses stated
		226 SIGNATURE	lew the body differ death.		DEGREE	-			220 DATE SIG	GNED
		- melland	(Court	N 1	ATTE	NDING M	EDICAL STAF	F IAN []	6-	4-87
									1	
7		224. PHYSICIAN'S NAME (TYPE OR PR	(INI)		22e ADDRESS				1 .1	
1		22d. PHYSICIAN'S NAME (TYPE OR PR	ICI CAN		7500		aphuy	Gre	enbelt	- Md
_	23a B	Eredric URIAL, CREMATION, REMOVAL	CA CAN	230 NAME OF CE	7500	MATORY 2	3d LOCATION			- Md
	(Eredric URIAL, CREMATION, REMOVAL SPECIFY BUTIAL	1C, CA ~ 23b. DATE June 5, 1987	Ft. Line	7500	matory 2 etery 1	3d LOCATION Brentwood	Prince	George	
1	24 FU	Eredric URIAL, CREMATION, REMOVAL SPECIFY BUTIAL	23b. DATE June 5,1987 is J. Collin	Ft. Line	7500 EMETERY OR CRE COLN CEM	MATORY 2	3d LOCATION Brentwood	Prince	George	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carbon papers-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, il

(VRA 15, 4)

No Land Decker Decker 200

_		FOR
L	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

7		Lagitica	7	9	Š	3
	REG. NO.			- 3		

- I DE	CEASED NAME	FIRST		MIDDLE	L	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE	E OR PRINT)	Mary	Ar	nn	Wra	ay	Ju	ne 2,	1987	8:35 H
3. SEX	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	(YAGHTS	IF UNDER YEAR	IF UNDER 24 HR
. /	Female		Whit	te	Octo	ber 22, 1936	50	YRS	WORTHS DATS	HOURS MI
	IRTHPLACE THEATE	GR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
)	Massach		USA		WIDOWE	D DIVORCED	Montgomer	3	inty	^
2	Bethesda	1	NIH, Th	ne Clinic	al Cei	nter institution	osual occupat		IZE KIND C INDUSTRY PUDIIC	schoo
13a S	AL RESIDENCE (IF) STATE ryland	1136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Laurel		134 INSIDE CITY LIMITS?	357 Damero	zip cod n Sou	eth	20707
M FA	Edward		MIDDLE	rakelian		Anna FIRST	WE		Abdow	1
160 V	WAS DECEASED EN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	ESS		11
-	NO OR UNKNOWN	I F YES, GIV	E WAR OR DATES)	262-54-6	026	Mr. James D.	Wray, Sr.	S	ame as	#13
	18 CAUSE OF DE	ATH Enter an	ly one couse per	line for al, b, and	dicil				BETWEEN	MATE INTERVAL DNSET AND DEATH
	PART I. DEATI	H WAS CAUSE	E CAUSE (o)	CARDIOPUI	LMONA	RY ARREST			MIN	UTES
NO.	PART 2 OTHER S	use lost	(c)_	LYMPHOMA		NOT RELATED TO THE TERM	inal disease or con	DITION GI	VEN IN PART 1:0	2
TIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTI	S, WERE FINDIN	OF DEATH?
AL CERTI	210. ACCIDENT WAS	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d INJURY OCC		21e PLACE		ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	3 1 0/ 0/ 1100 7									that X (we) lo causes stated
	27b SIGNATURE			M	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
	Marg			ter MC		220 ADDRESS Nation 9000 Rockvil				h 20892
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE 6-5-	-87 Ft	. Line	enetery or crematory coln Cometery	Brentwood	d Pri	nce∞Geor	ge Md.
24 FL	UNERAL DIRECTOR	?				25a DATE	REC'D BY REGISTRAR	25h REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

DonaTd V. Borgwardt

4400 Powder Mill Rd Beltsville Md 20705

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The state of the s		
	75 - 15 - 17	

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEPTIFICATE OF DEATH

100	1 87	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH										9	
		CEASED NAME OR PRINT)	CUR!		UDOLPH	WRIGH	T		18, 1987	DAY YE	AR 2	7:12A	M
1	3 SEX	(RACE		5. DATE C		& AGE IN	YEARS LAST BIRTHDAY]	MONTHS I		FUNDER 24 HRS	_
1		MALE CAUCA			SIAN	JANU	ARY 16, 1924	63	YRS		DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FOUNTRY) N CAROT.TN			WHAT COUNTR	MARRIED XX NEVER MARRIED			ORE CITY OR COUNTY ONTO OMERY			MI	_
7		(IF NOT IN SUCH FACILITY, GIV				SING HOME (OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKING	GLIFE) INDUS	TRY	BUSINESS OR	_
	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 137. AND THE COUNTY 138. COUNTY 139. COUNTY 149. COUNTY 159. COU					124 INICIDE CITY HAARTS		ADDRESS / ZIP CO EDGEMONT			200.	-	
2		THER'S NAME	110111	0.			15 MOTHER'S MAIDEN NA					2070	_
		JAMES	E.	AIDDLE	WRIGHT		FIRST MARY		MIDDLE	PRI	LAST	া ন	
1		VAS DECEASED EVER	IN U.S. ARA		166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	7 7/7	1244	13	-
	()	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			242-24-	9378	HELEN WR	IGHT	(SAME A	AS III		# 13)	=
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Lewhereian									PROXIMA VEEN ONS	SET AND DEATH	_
		Conditions, if ony, gove rise to imm	nediote	(b)	RAS A GONSEC	the y	hans forma	ton			40	Sho	_
		DUE TO, OR AS A CONSEQUENCE OF LOCAL								4 4	so.	_	
ì	NOI					CODEATH BUT	NOT RELATED TO THE TERM	Gramma DISEAS	long forse	GIVEN IN PAR	IT Iro		
)	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	WAS PERFORMED 4	200 AUT		YES, WERE FI RTIFYING CAU YES [JSES OF		_
1	AL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF	CAUSE OF DEA	В	OF INJURY M. MONTH M.	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY IN ITEM I	18 PART I OR PAR	T 2}		_
	MEDICAL	214 INJURY OCCUR	RED	21e PLACE		E, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNT	*	STATE	-
		22a.1 certify that (1) sow the decease	(this hospit	17	June 19	12-3	nd that in (my) (our) opinion	death occurre	ed on the date and t	19 8		ot (I) (we) lost	-
		22b SIGNATURE	ald old not	S. C	Olfer death	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. D	ATE SIG	Sheo Sune 8	-
1		220. PHYSICIAN'S NA DONALD			.D.		22e ADDRESS 2901	Olnes de	1-Sandy S	pring R	0.1		_
		URIAL, CREMATION,		23b DATE		NAME OF C	EMETERY OR CREMATORY	923d. LOC					=
		CREMATIO	N	6-19-			ERS CREMATORY	7	RIVERDALE			Md.	
	24: FL	JNERAL DIRECTOR			ADDRESS		20910 250 000	UN DAY	REGISTRAR 256 REG	ISTRAR'S SIG	NATUR	E	
		W. W. CHAM	BERS	CO. TNC	CI.	ILVER S	PRING, Md.	24	1337 8	were were	wy.	Kandals	A

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital ar

BP.

TO HOSPITAL OR

should be detached for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene

IMPORTANT: If Hem 21 is

CHAMBERS CO.

ATTENDING PHYSICIAN: The low

			U ALL	EDEAL H
.co erato aventro cas	0 1475.00			
1(0)			1.00	
- MINNTED	YOR	2026		THE COLUMN
(CENTRAL EXTENTION OF	5 T		THE .	Lik

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 7	1 7	9 6	10
	(TYPE	EASED NAME FIRST FRAN FRAN	ces	M.	WR	19ht	20 DATE OF DEATH	20 - 8	YEAR 7	1201 PM
1	3 SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST B	RIHDAY) IF	INDER YEAR	HOURS MIN.
1	F	Female	Cauca		Sep	t.16, 1913	7.3	YRS		
1		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
4		aryland		States			Mony	gomer		
Ī	-	Rockville	SUP NOT IN SUC	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
1		L RESIDENCE (IF NURSING HOME OR				10/1/51	4		Own	Home
		arylana Mont	gomery	Rockvi		YES X NO	13e STREET ADDRESS 14039 Ti		Roa	d/20850
1			MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ī
1		rederick	C.	Stang		Frances			Pool	е
	CY	(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GIV	MED FORCES? E WAR OR DATES)	578-22-		Robert S.	ምር Wright Bu	Box 1 ckeyst	.06 .own,	MD 217]
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause oil, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF								
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o								
	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO NO	206 IF YES, W IN CERTIFYIN YES [
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(IH	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJI	URY IN ITEM 18 PART	I OR PART 2}	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY BET FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a I certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	- The one			nd that in (my) (our) opinion o				that (I) (we) lost causes stated
		22b. SIGNATURE	A THEW THE GOODY	Office death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [7]	22c. DATE	SIGNED
٦		226 PHYSICIAN'S NAME (TYPE O	R PR(NT)			22e ADDRESS	, , , , , , , , , , , , , , , , , , , ,		1	

BP.

TO FUNERAL DIRECTOR retained by the haspital

IMPORTANT: If them 2 should be detache

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial ^{23b} DATE June 23, 1987

Monocacy Cemetery Beallsville Maryland

Funeral Home 250. DA 100. 100. 100. Registrar's Signature

1111 0.4 1087 ²⁴ FUNERAL DIRECTOR Obert A. Pumphrey Funeral Rockville, Inc. AMPRESS TUNERAL 300 West Montgomery Ave. Rockville

well- Brown the way the page 1900.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO).	7 0	1 1	
TON	n Wah	AST YEE	20 DATE OF DEATH		15 87	26 HOU	OT AM
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER LYEAR	IF UNDER	
Male	Oriental	December 6, 1904	82	YRS.	UNINS DATS	HOURS	MIN.
a. BIRTHPLACE TATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
Canton, China	United States	WIDOWED DIVORCED	Marchanan	ry			MD.
CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND O		
Kensington		dens Nursing Home	Retired-Cool	k-Moor	Palac	e Re	staur
USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 136. CITY OR TOW Washingt		? 130 STREET ADDRESS / 5325-42nd	ZIP CODE Place	e,N.W.	2001	5/
14 FATHER'S NAME		15 MOTHER'S MAIDEN	NAME				

-			_			
7	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?		17 INFORMANT	ADDRESS	
Ż	NO		131-09-1996	Kam Ho Yee (Son	i) <i>S</i> ame as #13	
١		H Enter only one couse per	lyre for io , (b / main	1. 1	// /	BETWEEN ONSET AND DEATH
ı	PART I. DEATH W	IMMEDIATE CAUSE (6)	CHRIUS-	espinon /s	Trut	
ı		DUE TO Q	AS A CONSEQUENCE OF	1/9	10	10 1
ı	Conditions, if ony,		totus schort	e (Andlians	who beens	Jeans
ı	gove rise to immo	g the DUETO, O	R AS A CONSEQUENCE OF			8

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTO		206 IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF D	
			YES 🗌	NOXX	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCU	URRED (ENTERNAT	URE OF INJURY	IN ITEM 18 PART OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	1	CITY OR TOW	N COUNTY	STATE
22a 1 certify that (I) (this hospita	prended the deceosed from	1 190	10_/	ene 15	. 1907	tho (II) we) I

ADEGREE. 224 DATE SIGNED

111	K	1	10 ()	ATTENDING MEDIC	AL STAFF	11-1
	Logorn	Vizin,	one.	PHYSICIAN DIRECT		U-11-0
170	PHYSICIAN'S NAME	TYPE OR PRINT	, 0	22e, ADDRESS	1 1 1000	d 1/2.

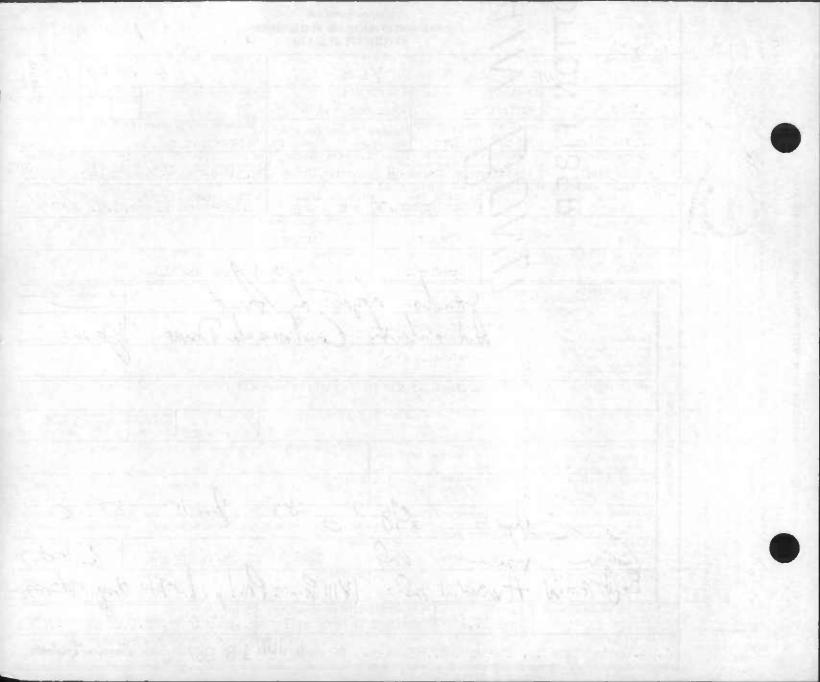
230 BURIAL, CREMATION, REMOVAL BURIAL

Oue

Yee

June 17,1987Washington National Cem., Suitland, Pr. George Co., MD J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., DC20002 J. By REGISTRAR 256 DEGISTRAR'S SIGNATUR

16 50M 7/84 (VRA 15, 4)



IMPORTANT. If Item 21 is marked or Item 48 shows any injury, ar other traumatic events

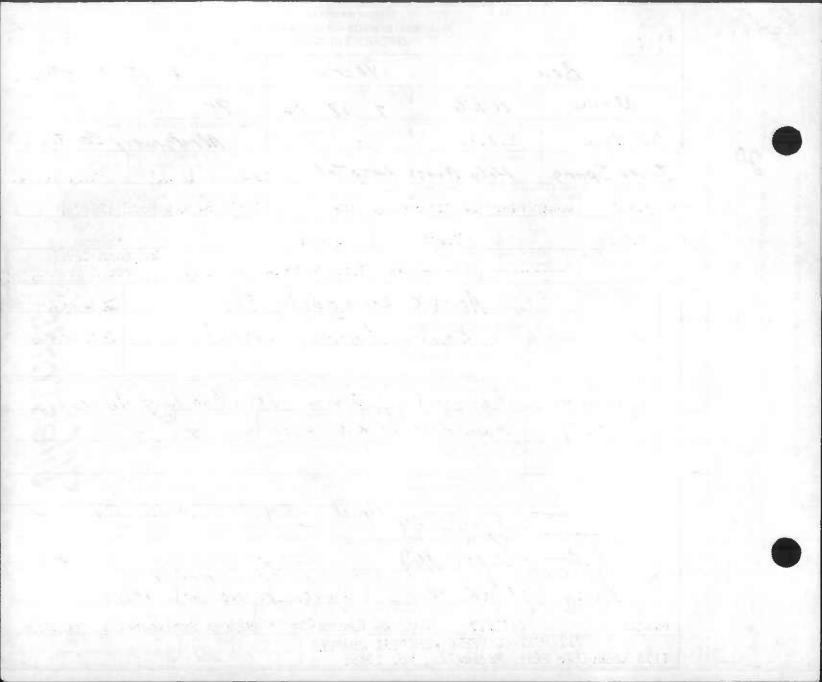
DHMH - 16 60M 7/8

(VRA 15, 4)

STATE OF MARYLAND	
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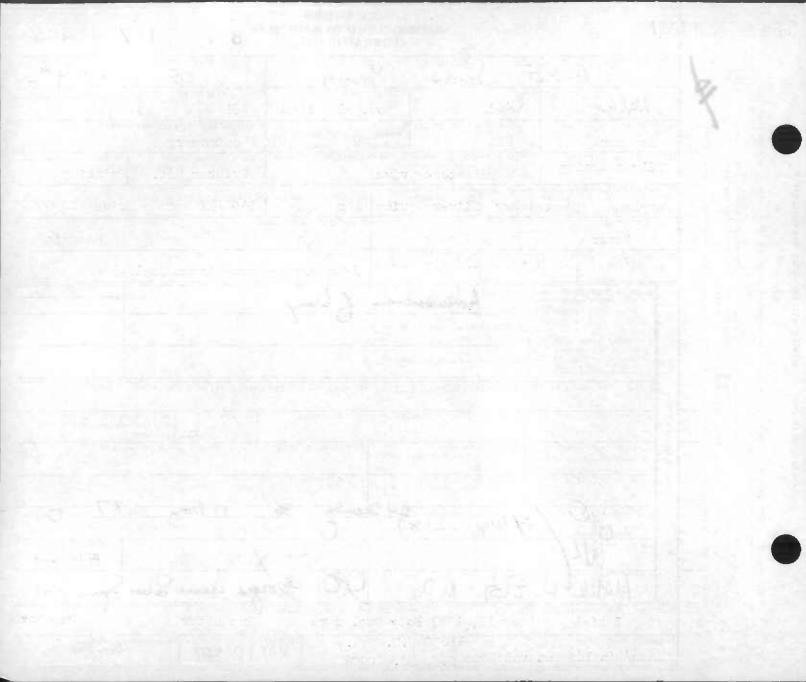
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REG NO					

U	19	FOR STAJE REĢISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENE 8 PREG. NO.	. 17	9 6	12
		CEASED NAME FIRST BE	MIDE	3K	3	lezer	20 DATE OF DEATH	6 15	87 E	HOUR 500.M.
-	3 SEX	3 SEX Male White		ite	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI		OURS MIN.
9	C	RTHPLACE IN ATE OR FOREIGN OPINITRY) NEW YORK	U.S.A		MARRIEI WIDOWE		9 BALTIMORE CITY O	toomery	Cour	ety MD.
8	5	Wortown OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING	DDRESS)		12a USUAL OCCUPATH ETYPE OF WORK FOR MOST O Engraver (R	on 121 F WORKING LIFE) IN	L.S.	Gov't.
5	May			city or town		134 INSIDE CITY LIMITS? YES XX NO	130 STREET ADDRESS / 10010 Sidn	ZIP CODE ey Road	(2090)	
Ø		THER'S NAME FIRST MORRIS	MIDDLE	Yezer		15. MOTHER'S MAIDEN NA Sarah	WIDDLE		elman	
1	No W		IVE WAR OR DATES)	15-26-2		Tony Yezer; S	Son; 10010 Si	ss Maryla dney Roa	nd 209 d;Silv	101 ver Spri
-4		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line ED BY (TE CAUSE to)	Mor to tb, and	e	neghalo	all		APPROXIMAT BETWEEN ONS	
		Conditions, if ony, which gove rise to immediate couse iol, stoling the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
2	I CERTIFICATION	HO PROTYOPUIC 190 DATE OF OPERATION 3-20 87 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION De CONDITION 216 TIME OF IN HOUR A.M.	MEN WHICH C	OPERATION ON THE Y YEAR	NYAS PERFORMED	200 AUTOPSY? YES NOTE	20b # YES, WER IN CERTIFYING YES	RE FINDINGS CAUSES OF	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OF TO	wn co	OUNIY	STATE
		226. I certify that (I) (the box sow the deceased alive a above, (I) (was 60%) (did no 226 SIGNATURE/	6-1	et 198	7 . or	d that in (my) (our opinion DEGREE ATTENDING PHYSICIAN (deoth occurred on the do	FF2		
		22d PHYSICIAN S PLAME (TYPE	OR PRINT	mil)	SILVER S	o CAMER	D 2091	0	
		BURIAL, CREMATION, REMOVA SPECIFY)	6/17/87			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	NEY	STATE
4	24 FL	UNERAL DIRECTORDANZAN NAME 170 Rockville 1	ISKY-GOLDB	ERG MEMO	te of RIAL Id. 21	Heaven Cemete CHAPELS 250JD 0852		256 REGISTRAPS	SIGNATURE	ryland



B	REG N	10.	7	7	4
TEC	EDEATH	MINON	DAY	VEAD	25 1

200		1			STAT	E OF MARYLAND		
056	697 JUN	61	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HY	GIENE 8 /	17943
	nay be		CEASED NAME FIRAL ALBA	BERT MUJOSEF	1	YOUNG OUNG	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR STAN
	4 54 /	3 SE	* Marc	4 RASE	5 DATE O		6 AGE (IN YEARS LAST BIRT	MONIAS DATE HOURS MIN.
	leath Pag		RTHPLACE CATEORFOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUP	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O Montgomer	R COUNTY OF DEATH
10	s after de		Silver Spring	11. NAME OF HOSPITAL, N 1408 Milestor	URSING HOME		128 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Printer F	ON 12b KIND OF BUSINESS OR INDUSTRY Printing
BALTIMORE, MARYLAND 2120	r filled hauld hauld	Ma Ma		INTY 13c CITY OF		13d INSIDE CITY LIMITS? YES 🚰 NO 🗌	13 STREET ADDRESS / 1408 Miles	stone Drive 20904
MARYL	and 2 sl	PIA F	ATHER'S NAME Peter	Your		is mother's maiden na	MIDDLE	Haessig
IMORE	in and co	160	WAS DECEASED EVER IN U.S. AL YES, NOWN AKNOWN) (IF YES GI	NAOR DATES) 166 SOCIAL 073-03	SECURITY NO.	John Young	- son- (same	
W. PRESTON ST.,	quives that the death certifical signed by the ottending after the black remains confectual duty, or other traumant event quy, or other traumant event	NC	IS CAUSE OF DEATH Enter of PART L GEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate couse in storing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON-	SEQUENCE OF	NOT WELATED TO THE TERM	MINAL DISEASE OR CONC	DITION GIVEN IN PART TO
DIVISION OF VITAL RECORDS, 201	he low or the low or t	CERTIFICATION	THE DATE OF OPERATION	1% CONDITION FOR W	HICH OFERATIO	N WAS PERFORMED	78s AUTOPSYT	19h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
4 OF VITA	SCIAN To physics of ph	1421	216. ACCIDENT WAS UNDERSYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF STIMER, NOTIFE WIDDEN, SAAMHE	HOUR A.M. MONTH	DAY YEAR	21s HOW INJURY OCCUR	RED Tannes NATURE OF HULE	PACIFIC IS FART (OR FART 7)
IVISION	ortendo to the the And or	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY	STACE, TARM, ETC.)	TH LOCATION	cirrorto	eta COUNTY STATE
a	treNDe pital a- Croe Af Croe Af of Health of Health		ZIn I certify that the thin haup saw the discovered allow a above (it) (see) falid) (duf in	7 1 1 1 1 1 1 1 1	0.77	d that in (fix) jour i apmion	to 1000 death occurred on the do	that (Gre) last that have stated
•	FALOR PARADORE MARCHIN MARCHIN MARCHINE MARCHIN MARCHINE MARCHIN MARCHINE MARCHINE MARCHINE MARCHIN MARCHINE MA		776 SIGNATURE				MEDICAL STAF	
	D HOSH D FUNE I Suffite MACRIAN		THE PHOSPICIAN'S NAME TO	. 26 M.	9.	9801 get	ngia Assure	Show Song Mys
	BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	May 15, 1987	Holy S	-	Rochester	New York
	DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ines/Rinaldi Fu		00 N.H. A		Y 1 2 1987	756 REGISTRAR'S SIGNATURE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	-00	

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			SED	
-	_	_		_

KATHLEEN O'TOOLE ZELLMER

5 DATE OF BIRTH

SEPTEMBER 14 1916

JUNE 15 1987 6 AGE (IN YEARS LAST BIRTHDAY)

20 DATE OF DEATH

IF UNDER I YEAR

26 HOUR

FEMALE TO BIRTHPLACE ATE OF FOREIGN IRELAND

76 CITIZEN OF WHAT COUNTRY? UNITED STATES

BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY

126 KIND OF BUSINESS OR

O CITY OR TOWN OF DEATH BETHESDA

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL

ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY TEACHER

EDUCATION

MARYT.AND

MONTGOMERY

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART | DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)_

4 RACE

CAUCASIAN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN BETHESDA

13d INSIDE CITY LIMITS? NOTX 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 5603 ONTARIO CIRCLE

20816

14 FATHER'S NAME

SAMUEL O'TOOLE

SUSAN MCKENNA

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO

166 SOCIAL SECURITY NO.

277-18-2080

KATHLEEN Z.LASINSKI, 5603 ONTARIO CIRCLE, BETHESDA, MD 20816

Conditions, if ony, which gove rise to immediate couse ioi, stoting the underlying cause lost

DUE TO, OR AS A CONSEQUENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

17. INFORMANT

DUE TO, OR AS A CONSEQUENCE OF

AORTIC STENOSIS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

RESPIRATORY FAILURE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	1
21d INJURY OCCURRED	2

NOT WHILE

16 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

JUNE 15 19

le PLACE OF INJURY

NOX YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)

211 LOCATION CITY OR TOWN

NO T

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

sow the deceased alive on_ obave, (1) (we) (did) (did not view the body ofter death SIGNATURE

DEGREE

22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN K

NAVAL HOSPITAL

20a AUTOPSY?

22c DATE SIGNED

274 PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY

BETHESDA, MD 20814-5011

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

23d LOCATION Arlington National Cem. CITY OR TO Arlington, VA

The distance

5130 Wisconsin Ave, NW, Washington, D.C.

D. G. LITAKER, LT, MC, USNR

250, DATE REC'D BY REGISTRAR 256, REGISTRAD'S SIGNATURE 20016

DHMH - 16 60M 7/84 (VRA 15, 4)

shauld be

(SPECIFY) Burial 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

22a I certify that (I) (this hospital) attended the deceased from,

BP

paubis

ntal Hygie

00

0 0 5

CERTIFICATION

MEDICAL

Wilb/S7 Animates Mational Com. Arlington, VA

Joingh quality to the sound of the sound of

union and injuriely filled in by the funeral director, page 3 NO FUNERAL DIRECTOR, After this should be detached for use on the bit with the Stote Digit, or Health and M.

· FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

' '	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO	0.	
	CEASED NAME FIRST YHOHO			LUKERNIK		6/13/87	7 A M
3. SE	* Female	White		reof BIRTH Suber PO, 1914	4. AGE INVENTALISMENT 72	VRS. WORTH BATT	The second secon
	RTHPLACE ISTATE OR FOREIGN	Israe	WIDO	RRIEDXX NEVER MARRIED DOWNED DOWNED DOWNED	Montgomer		MD.
	Gaithers burg	SHADA	STREET ADDRESS	ME OR OTHER INSTITUTION	170 HOLES COLUPATION		OF BUSINESS OR YHOME
130 T	AL RESIDENCE (IF NO STATE STACL	or offer suntyfox	GEVELYNE	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	n Street 9	9999
	Reuven		eperowich	15. MOTHER'S MAIDEN NA Neche	WE	(Unknow	n)
	VAS DECEASED EVER IN U.S. A YES NO DR UNKNOWN) (IF YES, G	RMED FORCES?	None	O. Barry Bosher	13136 Count Germantown,	Fry Ridge Dr Maryland 2	ive 0874
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUENCE CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this has only a control of the control of	210 PLACE (AT HOME, STR	M. MONTH DAY YE M. DF INJURY BET, FACTORY, OFFICE, FARM, ETC deceased from	19 21f. LOCATION	RED (ENTER NATURE OF INJUR CITY OR TOV	vn county	STATE that (1 (we) lost e couses stated
23g. B	THE PHOSICIAN'S NAME (1996)	A L 122h DATE	Kruy	DEGREE ATTENDING MYSICIAN 1218 ADDRESS SECURITIES OF CEMETERS	MEDICAL STAF	are of gr	esigned 13/87
223	SPECIFY Removal	HEBREW M	1987 Shom EMORIAL FUNE	rei Hadas F. H.	Brooklyn. TE RECO BY BEGISTRARIA	New York 11	249

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT:

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